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Madagascar Use of Selected Health Products
and Services Increased and Health Practices
Improved

Implemented by

Chemonics International

In collaboration with

JHPIEGO Corporation

Hellen Keller International

Training Resources Group

Medical Care Development
International

Georgetown University Institute
for Reproductive Health

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List of Acronyms

RED: Reaching Each District
CBDA: Community-based Distribution Agents
ADRA: Adventist Development and Relief Agency
AEN: Actions Essentielles en Nutrition
PQI: Performance and Quality Improvement
ASNGO: Association of NGOs
BCC: Behavior Change Communication
IACC: Inter-agency Coordination Committee
CTS: Clinical Training Skills
UHC: University Hospital Center
RPHC: Reference Provincial Hospital Center
CIDMEF: Conférence Internationale des Doyens et des Facultés de Médecine d'Expression Française
LCFA: Local Committee on Fighting AIDS
NCN: National Council on Nutrition
MC: Management Committee
COP: Chief Of Party
PCFA: Provincial Committee on Fighting AIDS
CROM: Conseil Régional de l'Ordre des Médecins
CRS: Catholic Relief Services
CTC: Comité Technique Cosultatif
VTC: Voluntary Test Center
MAA: Medication Agency Administration [Agence du Médicament]
DHDO: District Health Development Office
RHO: Reference Hospital Office
PD: Program Director
PRSP: Poverty Reduction Strategy Paper
CHO: Children's Health Office
HRO: Human Resources Office
STIPO: Sexually Transmitted Infection Prevention Office
MLPTA: Malaria, Leprosy and Tuberculosis Prevention Administration
FPO: Family Planning Office
TMPA: Traditional Medicine and Pharmacies Administration
PHO: Provincial Health Office
DHS: Demographic Health Study
DMT: District Management Team
ERP: Educational Resources
MHT: Mobile Health Team
SchMed: School of Medicine
FA: Folic Acid
FANOME: Fandraisana Anjara No Mba Entiko
FISA: Fianakaviana Sambatra
UNFPA: United Nations Fund for Population Activities
FRAT: Fortification Rapid Assessment Tools
GAIN: Inter-sector Nutrition Action Group [French acronym used]
GOM: Government of Madagascar
HKI: Hellen Keller International
IEC: Information, Education, Communication
PTI: Paramedic Training Institute
NIPCH: National Institute of Public and Community Health
NIS: National Institute of Statistics
IR: Intermediate Result
STI: Sexually Transmitted Infections
MAC: Malaria Action Coalition
MCDI: Medical Care Development International
MDM: Médecin Du Monde [French acronym used]
MEM: Ministère de l'Energie et des Mines
MENRS: Ministère de l'Education Nationale et de la Recherche Scientifique

MI palu: Maladies Infectieuses et Paludisme.
ITN: Insecticide-treated Nets
Min Heal/FP: Ministry of Health and Family Planning
Min Just.: Ministry of Justice
Min pop: Ministry of Population
MPE*: Malnutrition Protéino - Energétique
WHO: World Health Organization
NGO: Non Governmental Organization
NSP: National Society of Physicians
NNO: National Nutrition Office
IEHCA: Inter-enterprise Health Care Alliance
CCHC: Comprehensive Children's Health Care
EVP: Expanded Vaccination Program
FP: Family Planning
CP: Community Pharmacy
DGP: District General Pharmacy
IP: Infection Prevention
PMPS: Programme Multisectoriel pour la Prévention du SIDA
NNP: National Nutrition Policy
PSP: Policies, Standards and Protocols
MDP: Malaria During Pregnancy
PSI: Population Services International
RBM: Roll Back Malaria
SALFA: Sampan'Asa Loterana momba ny Fahasalamana
DCCA: Department of Cooperation & Cultural Activities
CMPD: Communication and Media Planning Department
SPCS: Community Participation Coordination Service
CS: Child Survival
ES/NCFAA: Executive Secretariat/National Committee on the Fight Against AIDS
M&E: Monitoring & Evaluation
AIDS: Acquired Immune Deficiency Syndrome
STDD: Staff Training and Development Department
DMP: Department of Malaria Prevention
SNUT: Service de Nutrition
MCH: Maternal and Child Health
CPC: Concentrated Prenatal Care
SRHP: Security of Reproductive Health Products
RH: Reproductive Health
DHO: District Health Office
MHTCU: Mobile Health Team Coordination Unit
UNICEF: United Nations Children Funds
USAID: United State Agency for International Development
HIV: Human Immunodeficiency Virus
VS: Voahary Salama
WASH: Water Sanitation and Hygiene

Preface

The enclosed SantéNet October 2004-September 2005 Annual Work Plan is comprised of 3 parts.

The first narrative portion contains a summary introduction followed by an introduction for each of the 4 intermediate results of the project as well as a section for the management activities. Each intermediate result includes a list of activities outlining the objective of the activity, its description, the principal completion indicator of the activity and the technical assistance required to carry it out. The management activities section also includes an outline of the schedule, resources and partners required to perform them.

The second part, presented as a Gantt table, again addresses each of the 4 intermediate results and the activities connected to it and provides information that complements the narrative part: the activity schedule, the SantéNet person responsible for its execution, the key partner or partners with which they will be executed and the results indicators relative to the activities.

The third and last part includes the budget, itemized by item and cost center (CLIN) to perform the year's activities.

This Annual Work Plan was prepared in a participatory manner with all SantéNet partners. We hope that the design and draft of the activities faithfully respects the needs and ideas expressed by our partners. The work plan provides a general outline of the activities. As is evident, the details for performing the activities will be further developed with the respective partners during their implementation. It is also certain that several activities will be modified along the way in order to adequately and intelligently address the changing realities in the field. Some activities designed during the preparation of this work plan, for example, were postponed to the following year to permit better concentration of resources on the most urgent needs deemed to have priority.

The SantéNet team would like to congratulate and thank all the individuals and organizations that participated with us in preparing this work plan. It will enable us, along with you, to improve the health of the people of Madagascar and consequently contribute to reducing poverty and to the sustainable development of the country. We wish you happy reading and a good year full of success, and plan to meet with you next year to prepare the 2005-2006 annual work plan.

Thanks to everyone!

Context

Data from the World Health Organization (WHO) in 2001 shows that Madagascar was a distant 159 out of 191 countries ranked by health indicators. Clearly, Madagascar faces serious health problems affecting the social welfare of the population, the national economy and the environment.

According to the most recent Demographic Health Study (DHS-2003), infant mortality is 58 per 1,000, the total fertility rate is 5.7 and contraceptive prevalence is 27%. Over 50% of children under age 5 suffer from malnutrition and over 80% of the population has no access to drinking water. Other studies show that despite the relatively low HIV/AIDS prevalence (1-3%), Madagascar's rate of STI is among the highest in the world, with 21% of pregnant women suffering from syphilis (Struminger, 2000) and 76% of prostitutes having at least one STI (Behets, Frida et al. 2003). In this context of high STI prevalence, HIV/AIDS could spread quickly and disastrously. Therefore, effective and immediate action is urgently needed.

Despite large investments in health by the Government of Madagascar (GOM) growing from 5% in 1998 to 10% in 2000, the quality and availability of priority health products and services remains problematic. To improve this situation, the emergence of the private sector in health must be supported; the public sector infrastructure, information and logistics systems must be strengthened and pre-service and in-service training must be brought up to standards.

Furthermore, to ensure the permanence of health products and services, efficient mechanisms for financing and cost recovery must be put in place and the security of essential medications and contraceptives must be ensured through reinforcing and recapitalization of the SALAMA purchasing cooperative.

Support for Poverty Reduction

The objective of the Poverty Reduction Strategy Paper (PRSP) is to reduce the poverty rate by half over the next 10 years. The Government of Madagascar recognizes that improving health, nutrition and food security is essential to the engine that drives economic development.

The health objectives in the PRSP include: promoting maternal and infant health, implementing essential nutrition activities, reducing infectious and non-infectious diseases, improving food security and reducing vulnerability to natural disasters.

In its Strategic Theme No. 3, the PRSP considers health conditions to be factors that increase workers' short-term productivity and over the long term, improving health services for woman and children will impact their life expectancy and children's physical and mental development.

Support for USAID's Strategic Objectives

The overall objective of USAID in Madagascar is to promote "Sustainable and Integrated Economic Development" and contribute to the PRSP goal of poverty reduction.

USAID's strategic objectives are aimed at: improving good governance, increasing the use and improving the quality of selected health products and services, improving the protection of biologically diverse forest ecosystems, and expanding and strengthening critical private markets.

USAID's experience shows a strong cause-effect relationship between these strategic objectives and these vital inter-related sectors. USAID would like to contribute to reinforcing innovative approaches that integrate the sectors of food

security, health, population and environment, HIV/AIDS prevention, good governance, information technology and communications, vulnerability to disasters and conflicts, gender equity and alliances between the public and private sectors.

Vision of the SantéNet Partnership

Partnership is the foundation of all activities planned in the framework of the SantéNet project. This partnership exists when organizations with common objectives and complementary areas of expertise commit their resources and work together to produce results that would be difficult to achieve alone.

The following elements are essential to the SantéNet partnership:

- Appealing and shared vision
- Complementary experience and expertise
- Open commitment
- Contribution of resources
- Identity and autonomy preserved
- Clear, equitable and shared leadership
- Explicit process for decision-making and problem resolution
- Mutual responsibility vis-à-vis commitments
- Each partner's contribution maximized

The SantéNet partnership vision suggests that **Synergy** between partners is created based on **Common Objectives** and built through the partners' contribution of **Added Values** with the goal of achieving better results together.

SantéNet Values

The existence of the partnership, as envisioned by SantéNet, requires respect for the partners' individuality to coexist with establishing and maintaining an atmosphere of confidence based on transparency and honesty.

General Objectives

SantéNet's general objectives are aimed at increasing the use of priority health products and services and improving the quality and provision of services.

Specific Objectives

IR 1: Increasing the Demand for Priority Health Products and Services

This will be achieved by: scaling up the best practices for community mobilization (champion schools and communities, child-community and child-child approach), involving the private sector in promoting health (sponsorship and corporate-social responsibility), and by increasing the demand for products and services in protected forest areas.

IR 2: Increasing the Availability of Priority Health Products and Services

This will be achieved by: strengthening the logistics systems, expanding networks of social marketing product wholesalers and retailers, increasing distant populations' access to services and products, increasing the nutritional value of agricultural products and improving the management of water for agriculture and homes.

IR 3: Improved Quality in Providing Services

This will be achieved through: the application of rules and standards in public and private sector health services, improving providers' ability to provide quality health services and putting quality assurance operating models in place.

IR 4: Strengthening Institutional Capacities

This will be achieved by: reinforcing the collection and use of data for decision making, increasing access to health information, increasing NGOs' capacity to implement health programs and increasing the capacity of civil society to plea in favor of public health.

Intervention Areas

SantéNet intervention areas include: children's health; nutrition; infectious diseases, malaria specifically; family planning and reproductive health; and STI/AIDS prevention and treatment.

Intervention Levels

SantéNet intervention levels are determined by the activity implemented, for example: the scope of policies, norms and standards for improving quality is national, mass media outreach for creating demand are regional and provincial in scope and community mobilization to change behavior is a community-level intervention. It is important to note that all these national and community-level activities will be implemented in coordination with the intermediate levels of the provinces and districts.

Beneficiaries

The SantéNet beneficiaries will most specifically be women and children, adolescents and at-risk groups, and communities and local organizations.

SantéNet Strategic Approach

The SantéNet strategic approach is multidimensional:

Upstream, SantéNet will support the efforts of the Government of Madagascar relative to health in collaboration with cooperation agencies also working in the health field. SantéNet will support the public sector through several ministries and administrative bodies.

Through bilateral action, SantéNet will act as a "catalyst" between private sector partners working directly in the health sector or able to contribute to improving health in Madagascar. Through the actions of synergetic partnerships, SantéNet will ensure the implementation of several activities with all potential members of the private sector: NGOs, companies, the media, training institutes, schools and civil associations.

Downstream, SantéNet's base of financial support will enable local organizations to implement activities that will contribute not only to achieving the health objectives of the program, but also to reinforcing local institutional capacities and thus ensuring the long-term permanence of the program.

Section A. IR 1: Increase the Demand for Selected Health Products and Services

Introduction

To contribute to achieving the objectives defined in the strategic theme of the PRSP in order to “create and promote human and material protection systems and expanded social protection” and to meet to the USAID strategic objective aimed at “increased use of selected health products and services and improved health practices,” one of the SantéNet intermediate results is defined by “Increasing the Demand for Priority Health Products and Services.”

The activities that appear in this action plan will satisfy specific criteria such as consolidating knowledge, assessing the current situation as a basis for defining a health program, analyzing needs on both the program and geographic levels and prioritizing activities with rapid and visible success.

Increasing demand must focus on activities relative to improving health practices and changing the health habits of the population. In this action plan, strategies are translated in terms of IEC/BCC activities and community mobilization to inform the population that priority health products and services are available, and inform them that the services provided are quality and comply with the required standards. Increasing demand will also take on an educational role so that the population can avail itself of new behaviors beneficial to health first, and increasing demand will place special emphasis on promoting new opportunities able to improve the poor’s access to priority health products and services.

Demand will be increased through four well-defined strategies: (1) community mobilization (2) private sector involvement in promoting health, (3) increased demand in priority biodiversity conservation areas, and finally (4) a strategy to increase the demand for services and products to prevent STIs/AIDS.

With regard to community mobilization, SantéNet will consolidate knowledge by concentrating its support on organizations that are partners in updating and/or developing IEC/BCC strategies and by contributing its technical or financial assistance to the implementation of community awareness and outreach activities. SantéNet will analyze the approach of existing models and adapt the curricula and guides, which will contribute to scaling up models recognized as efficient.

Involving the private sector in promoting health will require SantéNet’s priority activities to be collecting basic information to measure the private sector’s capacities in IEC/BCC and identifying their needs. SantéNet will then strengthen skills in this area to encourage members of the private sector to become actors in promoting health and serve as vehicles for disseminating messages.

Increasing demand in biodiversity conservation areas will focus on consolidating knowledge of community mobilization and IEC/BCC activities. Expanding community models such as Champion Community, Child/Community and Health-Population-Environment Integration, will be the first order of activities of the action plan in these intervention areas. To do this, SantéNet will analyze models to better adapt the implementation guides for these models and for more appropriate cost and efficiency.

As for STI/AIDS prevention, the principal theme of the activities for this first year will be evaluating approaches for behavior change and identifying messages and communication media. SantéNet will then pursue its activities in promoting these approaches through sharing workshops.

The project interventions will be carried out under the aegis of the Ministry of Health and Family Planning and will enable SantéNet to establish the partnership vision with different organizations. SantéNet will work in partnership to promote increased use of priority health products and services in order to achieve conclusive results in improving health practices. During this first year, SantéNet will strengthen its partners’ skills in the areas of IEC/BCC and community mobilization. SantéNet will provide leadership to revitalize the IEC Task Force, which will be perceived as an organization for exchanging experience through partners, a tool facilitating the harmonization of messages and

IEC/BCC communication media. Through the IEC/BCC Task Force, SantéNet will also prioritize the content of the communication strategies to better respond to the awareness needs experienced in the field, and SantéNet will also provide technical and financial assistance to update communications tools that will contribute to improving Behavior Change Communication.

IR1 Technical Activities

A1. IR1.1 – Improve Community Mobilization for Selected Health Products and Services

Activity 1.1.1 Revitalize the IEC Task Force

Objective: Revitalize the process to develop and/or update IEC/BCC messages and materials

Until 2002, the IEC Task Force was an organization for consultation and efficient exchanges for parties involved in the health sector. During the 2002 crisis, the IEC Task Force's activities were suspended and have since been on hold. The Communication and Media Planning Department of the Ministry of Health and Family Planning announced to SantéNet its desire to re-launch the IEC Task Force. Under its aegis, SantéNet will organize a meeting to unite a core of the former Task Force members, who will identify potential new members. Next, SantéNet will organize a meeting in which all members of the new IEC Task Force will determine its role and modes of operation. Finally, the SantéNet team will facilitate the organization of a launch meeting officially marking the revitalization of the IEC Task Force.

Completion Indicator: The IEC Task Force is revitalized and operational.

Technical Assistance and/or Resources: Under the supervision of the COP, the SantéNet IEC/BCC director will lend his support to the Communication and Media Planning Department of the Ministry of Health and Family Planning in order to revitalize the IEC Task Force.

Activity 1.1.2 Analyze data and determine the communication needs (IEC/BCC) in the field of health

Objective: Identify the strengths and points of the existing strategy to be improved.

Although the priority communication needs were identified previously, it has proven necessary to analyze the evolution of the situation and review the priorities. In the framework of seeking improved priority needs in communication, the SantéNet team will list and analyze the recent pertinent studies and surveys, including the DHS. This analysis will make it possible to establish a list of these priority needs for the next several years. In parallel, SantéNet will analyze the current communication strategy of the Ministry of Health and Family Planning and the communication strategies of the various partners and stakeholders to determine whether the priority communication needs are effectively provided. To bring another perspective to the results of the various analyses, SantéNet will facilitate the planning and performance of qualitative research on communication.

Completion Indicator: Existing strategies are analyzed and qualitative research is conducted to flesh out the results of the analysis.

Technical Assistance and/or Resources: SantéNet will hire 2 national consultants (1) to list the pertinent studies and surveys as well as the communication materials and media for a period of twenty days and (2) to analyze the results of the studies listed and analyze the current communication strategy of the Ministry of Health and Family Planning and the communication strategies of the various partners and stakeholders for thirty days and to conduct qualitative research on communication for 15 days.

Activity 1.1.3 Develop a permanent BCC strategy relative to health needs

Objective: Promote better coordination of the parties involved in community mobilization

The SantéNet team will disseminate the results of the Activity 1.1.2 analyses to the principal parties involved in the health sector. Once they are aware of the priority communication needs, SantéNet, under the aegis of the Ministry of Health and Family Planning, will ask them to participate in workshops to identify and prioritize specific behaviors to be changed. These workshops will make it possible to develop a short and medium-term BCC strategy accepted by all of these principal parties involved and to which all their interventions will refer. This strategy will also become a tool to better coordinate the communication activities and community mobilization efforts of the various partners, a tool that the Ministry of Health and Family Planning will also include in its own communication strategy. Finally, SantéNet will assist the Ministry of Health and Family Planning to disseminate this strategy on all levels so that all other parties in the health sector can also align their interventions.

Completion Indicator: The IEC/BCC strategy is established and shared among all parties involved in community mobilization

Technical Assistance and/or Resources: Under the aegis of the Min Heal/FP IEC Task Force, in collaboration with the partners of the health component, under the supervision of the COP, the IEC/BCC director and SantéNet project communication specialist will develop short and medium-term communication strategies in connection with the health needs.

Activity 1.1.4 Develop and/or update IEC/BCC materials and messages relative to health needs

Objective: Develop a range of appropriate health materials for the parties involved in community mobilization.

To date, various parties from the health sector have prepared several messages and developed several materials. To better assess the extent of these messages and materials, the SantéNet team will establish a list in cooperation with its partners. Based on this list, SantéNet and its partners will define a minimum package of IEC/BCC material, which will ensure that the messages and materials will be available and meet the priority communication needs identified in the strategy. To do this, SantéNet and its partners will be able to design materials and messages or update the existing ones to create a minimum IEC/BCC materials package.

Completion Indicator: The content of the minimum IEC/BCC materials package for the various parties involved is defined and its elements are up-to-date.

Technical Assistance and/or Resources: In collaboration with the Communication and Media Planning Department of the Min Heal/FP, the SantéNet IEC/BCC director will convene the IEC Task Force to identify the materials that meet the needs and define the minimum IEC/BCC materials package for health programs. SantéNet will then hire a provider to update the IEC materials of this minimum package.

Activity 1.1.5 Support the implementation of the BCC strategy for health

Objective: Disseminate and publicize the IEC/BCC messages and materials

In order for the implementation of the strategy to be effective on the national level, the Min Heal/FP has expressed the need to develop the public and private sector IEC/BCC directors' skills in managing the IEC/BCC program and communication techniques. For this purpose, SantéNet will organize trainings for public sector IEC/BCC directors on both the central and provincial levels (administration and services) and private sector directors. SantéNet will also support the partners in disseminating the IEC/BCC health materials and messages through various mass communication channels and on the community level. The team will also support efficient distribution of the minimum package of IEC/BCC material.

Completion Indicator: Central-level IEC/CCC directors are trained in IEC/BCC program management and communication techniques and the communication strategy developed previously is implemented.

Technical Assistance and/or Resources: Under the supervision of the COP for forty days, an international consultant will reinforce the skills of the central-level directors (public sector administrations and departments) and national-level private sector directors in IEC/BCC program management and communication techniques with the support of the SantéNet community mobilization and communication specialists. The community mobilization specialist will ensure that the communication materials are disseminated through mass communication channels and on the community level.

Activity 1.1.6 Expand community models

Objective: Consolidate the partners' knowledge of the community approach

To date, several community mobilization models have been used by various parties involved in the health sector, including Champion Communities, the Child/Community, Child/Child and Peer approaches. SantéNet intends to work closely with these various stakeholders to replicate the most effective community models on a larger scale. The team will first make a list of and analyze all community models used. SantéNet will assist each partner that has tested one or more of these community models in identifying the strong points and items to be improved, and as a result, in updating their guides. This information will be shared with all partners through the IEC Task Force. SantéNet will also support the partners in creating and reinforcing the network of community coordinators, with special focus on making their activities permanent. After these preliminary activities are completed, SantéNet could support the introduction of the revised and improved models on the community level.

Completion Indicator: The community models used by the partners are improved and spread to other communes.

Technical Assistance and/or Resources: In the framework of expanding community models, SantéNet will collaborate with Voahary Salama during PY1 to introduce the Champion Community and Child/Community Phase I approach in vulnerable areas of biodiversity. The community mobilization specialist will assist the regional office coordinator to ensure that the implementation process of the program is consistent with the protocol developed with Voahary Salama.

Activity 1.1.7 Integrate the monitoring/evaluation component of the IEC/BCC and community mobilization activities in SantéNet's overall monitoring/evaluation plan

Objective: Harmonize the IEC/BCC monitoring/evaluation system of the parties involved in the health field

One of the gaps identified by some public and private partners in the various meetings was the lack of an efficient monitoring/evaluation system in their organization. To compensate for this, SantéNet will include a component in its overall monitoring/evaluation plan to monitor/evaluate IEC/BCC and community mobilization activities.

To do so, the existing systems and tools in the Min Heal/FP and various parties involved will be analyzed with the aid of the partners. Based on the results of these analyses, workshops will be organized to coordinate the IEC/BCC and community mobilization monitoring/evaluation system. After the system is harmonized, the next step will entail providing technical assistance to the partners in establishing or updating their monitoring plan and reinforcing the partners' skills in monitoring/evaluating IEC/BCC activities and community mobilization, with the aid of trainings.

Completion Indicator: Tools to monitor/evaluate the IEC/BCC activities of the partners are established and/or updated and the partners' monitoring/evaluation skills are reinforced.

Technical Assistance and/or Resources: Chemonics Washington will send a monitoring/evaluation expert to Madagascar to implement an overall monitoring plan for SantéNet activities in collaboration with the SantéNet monitoring/evaluation director.

Activity 1.1.8 Participate in ad hoc activities identified by the Government of Madagascar and USAID in the health field

Objective: Reinforce national awareness initiatives

Every year, the Min Heal/FP organizes awareness activities through world/national health days and in national health campaigns. This SantéNet activity primarily consists of assisting the Min Heal/FP in these awareness activities. The type of assistance provided by SantéNet will be determined as it receives the Min Heal/FP requests for assistance.

Completion Indicator: SantéNet contribution during world/national [health] days and the various health-themed campaigns organized by the Min Heal/FP.

Technical Assistance and/or Resources: The communication specialist will ensure that SantéNet communication assistance is effective during the world or national days per the request of the Government of Madagascar and USAID. Assistance may be provided through media campaigns.

Activity 1.1.9 Contribute to celebrating "Breast-feeding Week"

Objective: Reinforce national awareness initiatives.

Identify SantéNet's contribution with the other partners.

Completion Indicator: SantéNet contributes during breast-feeding week.

Activity 1.1.10 Support mass vaccination campaigns and the national Vitamin A supplementation strategy

Objective: Reinforce national awareness initiatives.

To achieve this objective, it is appropriate to analyze mass communication and community awareness campaigns, and then assist in improving the quality of mass communication and community mobilization.

Completion Indicator: SantéNet contribution during the vaccination and Vitamin A supplementation campaigns.

Technical Assistance and/or Resources: HKI

A2. IR 1.2 – Involve private sector in promoting selected health services and products

Activity 1.2.1 Identify the principal parties in the private sector with an interest in health or that are potential vehicles for disseminating health messages

Objective: Map the private sector elements involved in IEC/BCC in the health field.

The private sector is as much a major beneficiary as it is a crucial player in the health sector. SantéNet would very much like to involve the private sector more by working in partnership with it in the health field. These efforts were already undertaken in the preceding projects. Nevertheless, this sector's potential involvement is still enormous. This potential will be studied in depth in workshops to establish the short and medium-term strategies specified in Activity 1.1.3. Once the role of the private sector is defined in the framework of these two strategies, SantéNet will identify, with the assistance of the Min Heal/FP and its partners, the specific parties to involve including those that are directly involved in health and those that have no direct ties to it, but are nevertheless potential vehicles for disseminating health messages. Some examples of private sector players to be considered are private physicians, the private media, large private companies and duty-free zones, wholesalers, the IEHCA, NGOs, training institutions and civil associations.

Completion Indicator: The private sector partners to involve in promoting health are identified.

Technical Assistance and/or Resources: With the participation of each IR director, SantéNet will establish a list of the private sector players while identifying their IEC/BCC needs and skills. The communication specialist will then divide the different entities into the group that will receive IEC/BCC skill reinforcement and the group targeted to be sponsors during large-scale IEC/BCC activities.

Activity 1.2.2 Strengthen the IEC/BCC capacity of the private sector

Objective: Identify the needs and opportunities for action based on private sector IEC/BCC capacities.

Various private sector parties have developed different levels of capacity for conducting IEC/BCC activities. Once the private sector parties are identified, SantéNet will analyze their IEC/BCC activities to better assess their current IEC/BCC capacities and their needs. This analysis will enable the SantéNet team to organize trainings for private sector IEC/BCC coordinators so that the latter can conduct IEC/BCC activities in their institutions. The SantéNet team will also assist them in establishing a plan of action whose implementation SantéNet will support, in particular by providing IEC material to them.

Completion Indicator: Private sector IEC/BCC coordinators are trained according to the needs identified and the plan of action for these IEC/BCC activities is established and implemented.

Technical Assistance and/or Resources: An IEC/BCC consultant will strengthen IEC/BCC competency so that the private sector becomes a channel for disseminating health messages to encourage behavior change. With the support of the specialist in IEC/BCC and community mobilization, the consultant will conduct a training of IEC/BCC trainers for the private sector of each SantéNet intervention region. His intervention will last thirty days.

A3. IR 1.3 – Increase demand for family planning and health services and products in priority conservation areas

Activity 1.3.1 Increase the implementation of IEC/BCC health programs in vulnerable areas of biodiversity

Objective: Promote integrated health/environment IEC/BCC activities in vulnerable areas of biodiversity.

Given the speed at which forest coverage and the biodiversity it contains are disappearing, and taking into account the links between health and the environment that are not always obvious to local populations, USAID and other stakeholders support integrated health and environment programs. To increase the implementation of health programs in vulnerable areas of biodiversity, the SantéNet team, in collaboration with the Min Heal/FP, will organize workshops with the ministries and partners concerned, such as the Ministry of Environment and Voahary Salama, to define intervention areas. By identifying the health or environmental activities of each stakeholder in their specific intervention area, it will be possible to define priority environmental interventions that can be linked to priority interventions in health. Once the latter are identified, SantéNet will support the implementation of the integrated health/environment IEC/BCC activities.

Completion Indicator: The IEC/BCC activities in vulnerable areas of biodiversity are implemented after the intervention areas are identified.

Technical Assistance and/or Resources: The community mobilization specialist, in collaboration with the regional programs coordinator, will organize a meeting with leaders from the ministries concerned in order to define the intervention areas called vulnerable areas of biodiversity to better concentrate health development activities on the neediest populations. The community mobilization specialist will ensure that the IEC/BCC activities integrating health and the environment are effective in these areas.

Activity 1.3.2 Expand the community models

Objective: Consolidate the partners' knowledge of community approaches.

This activity is classified under Activity 1.1.6 with concentration on vulnerable areas of biodiversity. Given this specific characteristic, the community models best adapted to the integrated health-environment approach will be adopted.

Completion Indicator: The community models used by the partners are expanded to other communes in these vulnerable areas of biodiversity.

Technical Assistance and/or Resources: In the framework of expanding community models, SantéNet will collaborate with Voahary Salama during PYI to introduce the Champion Community and Child/Community Phase I approach for vulnerable areas of biodiversity. The community mobilization specialist will assist the regional offices coordinator to ensure that the program's implementation process is consistent with the protocol developed with Voahary Salama.

Activity 1.3.3 *Analyze the community health financing models put in place by MCDI*

Objective: Consolidate knowledge from the experiences of the community mutual financing societies.

MCDI conducted operations research on mutual financing societies, and using this knowledge, during the first year, SantéNet and MCDI will analyze the existing mutual financing society models with the goal of identifying the points to be improved and developing enhanced models in order to be able to duplicate them during the second year of the SantéNet project.

Completion Indicator: The existing models of community mutual financing societies for health are analyzed.

Technical Assistance and/or Resources: Through MCDI, the SantéNet Consortium will analyze mutual financing societies for health on the community level.

A4. IR 1.4 – Increase the demand for services and products to prevent and treat STIs

Activity 1.4.1 *Assist the ES/NCFAA in the implementation of the national communication strategy*

Objective: Coordinate the messages and information disseminated by the parties involved on the community level for behavior change.

The SantéNet team will assist the Executive Secretariat of the NCFAA with the dissemination of its national communication strategy document and in its awareness campaigns. More specifically, SantéNet will assist the ES/NCFAA, in the framework of Activity 1.1.4, with identifying and preparing IEC materials on STI/AIDS to be included in the minimum package.

Completion Indicator: The national communication strategy document established by the NCFAA and its various partners are [sic.] distributed to all stakeholders in the area of STI/AIDS.

Technical Assistance and/or Resources: The director of the SantéNet STI/AIDS component will monitor changes in establishing the national communication strategy on preventing and fighting STI/AIDS through the ES/NCFAA in order to aid in the dissemination of the document to the stakeholders and schedule media support for the awareness activities carried out on the community level.

Activity 1.4.2 *Evaluate and promote the best approaches for behavior change*

Objective: Contribute to scaling up the best practices for the BC approach.

For this first year, this activity will be conducted in close collaboration with CARE. The SantéNet team will participate in listing and evaluating the approaches for behavior change used by the CARE team to date. Once the evaluation is performed, SantéNet will commence sharing activities through the IEC Task Force in order to promote utilization of the best approaches.

Completion Indicator: The best approaches for behavior change relative to STI/AIDS are identified and shared with the various stakeholders.

Technical Assistance and/or Resources: The SantéNet/CARE partnership will, in this first year, result in analyzing the approaches developed for behavior change. SantéNet will facilitate seminars, symposiums or conferences with parties involved in development throughout their intervention areas to promote utilization of the best approaches.

Section B. IR 2: Increase the availability of selected health products and services

Introduction

Since the IR1 activities are based on growing the demand, it is vital to work in parallel to respond to it. For this reason, IR2 is working to expand the availability of and access to priority health products and services with a view to meet the demand generated.

Despite the efforts made and documented major improvements, a certain amount of dysfunction remains in the health system. This dysfunction concerns the inequity problems of the system, in terms of access to care and coverage by basic health care providers, as well as inadequacies relative to the quality of the care provided to the population.

The strategy adopted by SantéNet to improve the availability of priority health products and services is in line with the national health policy established by the Min Heal/FP. For this first year of the project, this strategy is based on 5 factors, which will ensure the permanence of the activities:

- take over by the parties concerned
- effective transfer of skills
- activities are integrated into the partners' work plan
- effectiveness of the activities
- actual partnership and active participation among the parties involved in carrying out activities

In order "to increase the availability of priority health products and services," SantéNet's IR2 activities are based on six basic areas, which will contribute to achieving the objectives.

Strengthening logistics systems through different interventions in the distribution channel is an important part of improving access and availability. The activities in this area deal with technical assistance from Salama, updating the national FP strategy, integrating social marketing products into the public distribution chain, increasing public distribution capacity, consolidating knowledge of cost recovery as well as supporting vaccination campaigns and large-scale activities conducted by the Min Heal/FP.

The second area of SantéNet interventions is expanding the networks of social marketing product wholesalers and retailers by involving the principal partners. The private sector specifically is the second intervention point of the IR2. The activities performed in this area tend to serve the areas not covered by social marketing products, all while providing significant support in increasing the capacities of the distributors, analyzing needs and existing assets in the channel of private companies.

For distant populations, SantéNet has oriented its actions toward increasing access to services and products by contributing, specifically, to maximizing the activities conducted by the MHT, taking into account conservation areas and analyzing opportunities for placing physicians in rural environments. It makes sense for the distant rural population to be covered by the mobile strategy, which was put in place to complement coverage through the fixed mode. Yet, the activities of this mobile mode, in terms of coverage and contributing to the supply of health care, are recent, while it can be said that a large proportion of the rural population has very little access to health care.

With regard to increasing the nutritional value of agricultural products, the activities are based on designing a system that permits the implementation of micro-projects directed toward improving the nutrition of the population, while prioritizing the best practices that are able to be disseminated.

To improve water management for agriculture and homes, it involves making better quality water available to the populations concerned through various forms of support for strategies and for the availability of certain products that make it possible to obtain drinking water.

Finally, the last component of IR2 is increasing the availability of products and services to treat STI/AIDS, which consists of providing assistance in updating and conducting the Condom Programming introduced by the ES/NCFAA.

IR2 Technical Activities

B1. IR 2.1 – Improving the public sector logistics system

Activity 2.1.1 Ensure technical assistance with SALAMA

Objective: Improve the contraceptive product distribution system and implement a joint plan of action for the optimal function of the purchasing cooperative.

The SALAMA Purchasing Cooperative, as an exclusive essential medication supplier of the public sector, is an invaluable partner. It has an autonomous distribution structure up to the district level. SantéNet will put forth special effort to carry into execution the integration of contraceptive products, previously distributed through a parallel channel, into the essential medications distribution channel. In addition, in terms of reinforcing the current system, the following activities will be taken into account:

- increasing suppliers;
- improving the management of products;
- reinforcing the reporting system.

A joint plan of action will be established and carried out.

Completion Indicators:

- Plan of action established and validated;
- Workshop reports with validated resolutions;
- Functional logistics information system.

Activity 2.1.2 Support the initiative to update the National FP Strategy

Objective: Have a FP strategy adapted to Madagascan realities, making it possible to achieve the national prospects and objectives by involving all players in the field of family planning.

In the second half of 2003, the Government of Madagascar began a process to establish a consistent strategy involving all the activity sectors in order to ensure the permanence of quality contraceptive products for users. After various forecasts and in light of new data available, thematic mini workshops and a consensus workshop were scheduled to establish and validate the national FP strategy, of which the SRHP is a part.

Completion Indicators:

- Mini and national workshops conducted;
- FP strategy validated;

Technical assistance and/or resources: Partnership with POLICY - DELIVER

Activity 2.1.3 Support the integration of social marketing products into the public distribution chain

Objective: Expand the range of products available through the public system

Until recently, the pharmaceutical products available to public sector customers were limited to generic products. While a certain amount of social marketing products, including STI treatment kits (Génicure® and Cura7®), were introduced, additional efforts to define the policy on expanding the range and to increase distribution are required. Opportunities for collaboration with PSI in this area will be identified. SantéNet will support the execution of the plan of actions in the 4 provinces of intervention.

Completion Indicator: Social marketing product integration plan validated.

Technical assistance and/or resources: Partnership with PSI

Activity 2.1.4 **Support the health districts and NGOs in the areas selected for organizing advanced strategy operations (the “children’s health week” type) including Vitamin A supplementation, promotion of ITN (Insecticide-treated Netting) and other interventions**

Objective: These operations are able to serve as models for other districts.

One health week will be organized every 6 months and supported financially and technically by SantéNet in each of the 4 provinces of intervention. The intervention package has yet to be defined with the partners.

Completion Indicator: Health weeks organized

Technical Assistance and/or Resources: HKI

Activity 2.1.5 **Provide technical assistance to the Agence du Médicament**

Objective: Contribute to putting products on the market that are adapted to the needs of the country and at prices accessible to customers.

In the context of a political trend toward liberalizing the market for products intended for the public sector, quality assurance is particularly important for medications. SantéNet will collaborate with the Agence du Médicament to contribute to designing quality assurance tools for medications placed on the market.

Completion Indicator: Expert report submitted and approved.

Technical Assistance and/or Resources: International consultant

Activity 2.1.6 **Assess training and supervision needs on all levels of the public distribution chain**

Objective: Identify the obstacles to the medication order/distribution channel functioning properly across the country.

The essential medications order/distribution channel is in place and well standardized. Yet, the new wave of providers placed on all levels after resuming cost recovery in October 2003 still needs a great deal of support. SantéNet will help diagnose and identify assistance needs through work sessions with the ministerial entities concerned.

Completion Indicator: Document identifying needs is prepared and validated by the Min Heal/FP

Activity 2.1.7 **Conduct activities to support members of the distribution chain (DHO, DGP, CP)**

Objective: Ensure optimal function of the medication order/distribution channel.

This activity is the logical follow-up to Activity 2.1.6 because it implements the corrective measures that will arise from it. On the national level, SantéNet will support the development of the necessary tools and hold a two-day workshop for validation. On the peripheral level, it will provide technical assistance in trainings through 4 regional workshops for DGP providers and 2 CP provider trainings per province.

Completion Indicator: Training curricula developed and validated, number of providers trained on various levels.

Activity 2.1.8 **Participate in consolidating knowledge of health system financing**

Objective: Assist in the implementation and monitoring of the FANOME

The partners of the Ministry of Health and Family Planning have broad experience in recovering costs. In the framework of the new cost recovery system, FANOME, SantéNet will actively participate in all technical discussions organized by the entities concerned and will contribute its expertise to the implementation of the activities, and monitoring and consolidation of knowledge.

Technical Assistance and/or Resources: MCDI

Activity 2.1.9 Optimize the 2004 HIAKA measles prevention/Vitamin A campaign and introduce the partnership on the local level

Objective: Reinforce the National Vaccination Program

Routine vaccine coverage is not always sufficient to prevent thousands of cases of measles that occur each year in Madagascar. It is in this context and with the goal of protecting children's health that the Ministry of Health and Family Planning of Madagascar adopted the accelerated strategies to combat measles recommended by the WHO to achieve and maintain a 50% reduction in mortality due to measles by 2005 in the African region. Since the beginning of SantéNet, its teams have supported the execution of the micro plannings established by the districts in the project intervention areas, by providing financial support for preparation and field activities with participation at all sub-committee and steering committee meetings.

Completion Indicator: Measles campaign evaluation report

Activity 2.1.10 Maintain and optimize USAID's contribution to coordinating the routine EVP

Objective: Strengthen the National Vaccination Program

Supervision will be formative, and carried out to motivate and improve the performance of the staff. It will cover technical, logistics, cold chain, waste management, organization and coordination issues. Improving skills, on all levels, in planning, implementation and management is the key to the RED (Reaching Each District) approach, which is an essential element of permanence.

Through its active participation in the strategic and technical meetings of the IACC (Inter-agency Coordination Committee), SantéNet will contribute expertise to the administration of the Expanded Vaccination Program and conduct 4 field missions for the RED approach in collaboration with the partners.

Completion Indicator: 2 DHO/PHO supported with the RED approach

Activity 2.1.11 Ensure the proper function of the cold chain in the project intervention areas

Objective: Strengthen the National Vaccination Program

All vaccination activities (for example, providing services in fixed and mobile sessions, monitoring, supervision, communication, etc.) depend upon effective and efficient logistics, which include: management of vaccines (needs forecasting, ordering, preservation, distribution and storage), overall management of the cold chain and maintenance of all major and minor equipment. This requires the EVP manual to be updated on both the central and local levels.

This activity requires prior collection of information on the staff available on the district level including district health services [and] updating the operating inventory of the cold chain. SantéNet will provide technical and financial assistance to train and supervise the cold chain managers of 5 DHOs in the Toliara province.

Completion Indicator: Number of people trained adequate to ensure maintenance in cold chain.

Activity 2.1.12 Support the Min Heal/FP in its medium-term strategy to ensure the Vitamin A supplementation of children age 6 to 59 months

Objective: Maintain the coverage rates of Vitamin A capsules to at least 75% of children.

In Madagascar, the mortality rate indicator for children under age 5 (French acronym TMM5) is estimated at 136 deaths per 1,000 live births. Malnutrition combined with other infectious diseases is the principal direct cause of the tragedy, which ravages the nation's most precious resource, children.

To do so, it is essential to:

- conduct a rapid survey of Vitamin A coverage;
- organize 1 national planning workshop for Vitamin A supplementation.

SantéNet will hire one international consultant to assist in determining the strategy for Vitamin A supplementation.

Completion Indicator: 75 % of children in the areas of intervention have received Vitamin A supplementation.

Technical Assistance and/or Resources: HKI international consultant

B2. IR 2.2 – Expand the wholesale and retail network for socially marketed products

Activity 2.2.1 Define intervention criteria by prioritizing the areas inadequately served

Objective: Coordinate interventions to optimize the availability of priority health products and services.

Social marketing products are not available in several areas. It is essential to define, through mutual consensus, the criteria for “areas inadequately served” in collaboration with the partners. Three (03) workshops, each lasting 2 days, (one national workshop and two regional workshops) are planned for this activity. Then SantéNet will, in collaboration with the principal partners, organize work sessions to determine the priority areas able to be served and establish an agreement protocol for the roles of the various stakeholders.

Completion Indicators:

- Criteria for areas inadequately served established
- Workshop conducted and priority areas identified
- Protocols signed by the various partners

Activity 2.2.2 Improve the function of the channel enabling the permanent distribution of social marketing products

Objective: Reinforce the commercial and pharmaceutical distribution channels for social marketing products and support innovative initiatives

SantéNet, PSI and its partners will first identify the technical assistance needs of the distributors. A two-day workshop will be organized for this purpose. SantéNet will then contribute, in collaboration with PSI and its partners, to establishing and executing a plan of action to better contribute to increasing necessary capacities. To do this, a 2 two-day workshop will be organized to establish the plan of action and a budget will be allocated to support the execution of this plan.

Completion Indicators:

- Criteria established for selecting distributors
- Plan of action established

Activity 2.2.3 Increase the skills of the parties in the private and NGO distribution channel to rationalize the availability of social marketing products

Objective: Reinforce the commercial and pharmaceutical distribution channels for social marketing products and support innovative initiatives.

To better develop the activities carried out by the parties in the distribution channel, it is essential to reinforce their skills, in both the commercial and pharmaceutical channels. To do so, in collaboration with the principal partners in social marketing:

- SantéNet will identify the associations/NGOs involved in the areas of intervention and likely to work in social marketing;
- SantéNet will support training of the associations/NGOs identified on the priority health themes;
- In collaboration with the partners, SantéNet will contribute to improving the motivation system of the CBDA (grants of materials, training, etc.).

Completion Indicators:

- NGOs and associations identified
- Associations/NGOs trained
- Protocols developed with the various partners

Activity 2.2.4 Analyze the social marketing product needs of the IEHCA

Objective: Improve private sector employees' access to social marketing products

PSI has already initiated actions in collaboration with the IEHCA, specifically with regard to awareness, but it would be good to study the opportunities for the IEHCA to make social marketing products available to members.

In meetings with the leaders of the IEHCA in the 5 large villages in the intervention areas, SantéNet will help to identify the IEHCA and members' problems with access to social marketing products. Then, SantéNet will hold work sessions with the IEHCA, PSI and its partners to define solutions and establish a plan of action for greater availability and accessibility to social marketing products. Two regional workshops will be organized to validate the plans of action.

Completion Indicators:

- Obstacles to and solutions for availability identified
- Plan of action established

Activity 2.2.5 Establish a plan of action for implementing a social marketing program in companies (workplace initiatives)

Objective: Improve private sector employees' access to social marketing products

In addition to the activities carried out in collaboration with the IEHCA, which are aimed overall at the members' families, implementing a social marketing program in companies is a strategy to improve the availability of social marketing products to the private sector. Two steps are planned for greater effectiveness.

First, SantéNet will hire a national consultant to compile a list of the companies that have or wish to begin a social marketing program, in collaboration with PSI and its partners, in view of revealing the principal problems and solutions for the companies' needs. Then, based on the results of the work performed previously, 2 workshops will be organized to share results and establish a plan of action for extending this initiative to large and medium-size companies in SantéNet intervention areas.

Completion Indicator: Plan of action validated with the partners

Technical Assistance and/or Resources: National/international consultant

B3. IR 2.3 – Increase the availability of selected services for underserved populations

Activity 2.3.1 Identify enclave areas based on the health card

Objective: Obtain coordinated interventions in the pilot enclave areas.

SantéNet will organize meetings with the Min Heal/FP departments, the local authorities and principal stakeholders in SantéNet intervention areas to determine the criteria for enclave status.

In addition, a national consultant will update the health card, which will highlight the enclaves established.

Completion Indicator: Areas identified

Activity 2.3.2 Establish a joint plan of action for the pilot areas

Objective: Obtain coordinated interventions in the pilot enclave areas.

In the scope of increasing the availability of services for distant populations, two pilot areas will be chosen per province. SantéNet will assist in establishing a plan of action in the distant areas with the partners by organizing 4 regional workshops, financial support of the activities carried out in the pilot areas and periodic monitoring of activities in the field.

Completion Indicator: Plan of action and plan performance report

Activity 2.3.3 Perform a cost effectiveness study of MHT interventions

Objective: Optimize the use of the MHT in terms of time and targets.

For better use of resources, operations research on the cost effectiveness of MHT activities will be performed by a national consultant in close cooperation with the MHTCU.

Completion Indicator: Cost effectiveness study report

Technical Assistance and/or Resources: MCDI

Activity 2.3.4 Support the MHTs in terms of performance and implementation of activities

Objective: Optimize the use of the MHTs in terms of time and targets

With a view to more efficient MHT interventions, it is essential to coordinate activities with a team in the field. This team will be comprised of local authorities, associations, NGOs and CBDAs working the areas of intervention. To do this:

- SantéNet will support establishing a MHT intervention schedule in each area, in collaboration with the associations/NGOs/CBDAs working in the same area.
- SantéNet field teams will coordinate awareness of the population with the associations/NGOs/CBDAs working in the same area.

SantéNet will also help the MHTs document innovative activities that make it possible to revise strategies and optimize the means made available to it.

Completion Indicator: MHT intervention schedule defined in the 4 provinces. Innovative strategies document validated.

Technical Assistance and/or Resources: National consultant

Activity 2.3.5 Carry out community-based health activities with priority for vulnerable areas of biodiversity

Objective: Strengthen the capacity of the groups/associations

Given the distant nature of the areas in question, it is essential to support the groups/associations working in these areas. This entails SantéNet:

- Identifying the associations/groups acting in the areas of intervention;
- Training the associations/groups that wish to collaborate on community-based health services in the areas inadequately served, by providing financial support for two training sessions per province.

Completion Indicator:

- List of the associations/groups acting in each area established
- Associations/groups selected trained in health

Activity 2.3.6 Identify the obstacles to and opportunities for placing physicians in rural areas

Objective: Study the feasibility and viability of practicing medicine (private and public physicians) in rural areas as well as public/private partnership.

Rural areas, and more specifically distant areas, do not attract as many private as public physicians. For this reason, it has proven necessary to understand the obstacles to and opportunities for placing physicians in these areas. Studies have been performed previously by various institutions, notably the NIPCH, the World Bank, etc. To do this, it will fall upon SantéNet, in collaboration with MCDI, to:

- Perform a study on the possibilities of private consultations in rural areas and physicians' motivation for settling there, while taking into account the results of the previous studies performed;
- Organize a workshop to validate the results of the study;
- Produce and distribute the study report.

Completion Indicators:

- Feasibility and viability report prepared
- Report validated

Technical Assistance and/or Resources: MCDI international consultant

B4. IR 2.4 – Increase high nutritional value agricultural products

Activity 2.4.1 Identify priority areas

Objective: Define the criteria for selecting areas to make better use of knowledge.

Encouraging initiatives with community vegetable garden programs are being carried out in the country, but they are in the pilot stages at this time. To capitalize on knowledge of the subject, SantéNet will hire an international consultant to help identify criteria for selecting priority areas for a possible expansion or to engage in discussions with the partners.

Completion Indicator: Criteria identified and validated by the partners.

Activity 2.4.2 Analyze existing agricultural practices with regard to nutritional value

Objective: Obtain a documentary base on the current initiatives.

A qualitative study of the current practices will be performed in order to develop models adapted to the priority areas thus identified.

Completion Indicator: Expert report

Technical Assistance and/or Resources: HKI international consultant

Activity 2.4.3 Outline a limited number of agricultural/horticultural micro projects to improve nutrition

Objective: Begin scaling up the best practices.

This phase, planned for the end of the first year or beginning of the second, consists of implementing in the field the recommendations arising from the assessments performed above. SantéNet will provide financial support for 2 micro projects per province. The micro projects will include a monitoring and evaluation component. They must be comparable to each other.

Completion Indicator: Number of micro projects developed and implemented financed with SantéNet funds [sic.]

Technical Assistance and/or Resources: HKI international consultant

B5. IR 2.5 – Improve water resource management for agriculture and households

Activity 2.5.1 Obtain data on the settlement sites and activities of the partners working toward the same goal

Objective: Identify the community-based associations/NGOs working on promoting water, sanitation and hygiene in order to better capitalize on the knowledge.

A large number of water/irrigation supply projects/programs are being carried out by SantéNet partners throughout the country. In terms of integrating/reinforcing the hygiene and sanitation component in these activities, SantéNet will first establish a list of the community-based associations/NGOs. Regional SantéNet teams will identify them in collaboration with the partners. Regional-level implementation of the coordination structure will also be supported for better coordination of the interventions.

Completion Indicator: List of the associations/NGOs

Activity 2.5.2 *Improve the environmental hygiene and sanitation component (including promotion of the Sur'Eau) through an integrated plan of action*

Objective: Improve water quality in the intervention areas

Based on the document prepared in 2.5.1, SantéNet and the partners identified will establish integrated plans of action together and distribute the tasks by prioritizing preservation areas. SantéNet will provide financial support for initiatives to improve the environmental hygiene and sanitation component in 2 pilot areas per province.

Completion Indicator: Plan of action established and coverage assessment report

Activity 2.5.3 *Participate in establishing a strategy to place pre-positioned kits in areas at risk for natural disasters*

Objective: Have a rapid means of intervention in natural disasters

One of the major problems regularly encountered after tropical cyclones is difficulty transporting first aid products. During this first year, SantéNet will hire a national consultant to document the technical feasibility of the strategy of pre-positioning rescue kits at vulnerable sites. The availability of water treatment products in the kits will be targeted specifically. SantéNet will organize a national workshop to establish the strategy.

Completion Indicator: Pre-positioning strategy document established and approved.

Technical Assistance and/or Resources: National consultant

B6. IR 2.6 – Increase the availability of STI treatment products and services

Activity 2.6.1 *Support the update and execution of Condom Programming*

Objective: Define and implement a strategy to distribute condoms.

The outlines of the national Condom Programming strategy were determined late in 2003. For its effective implementation, a realistic plan based on consensus for distribution and promotion that is adapted to the national capacities while being consistent with the political directions of the government needs to be established. SantéNet will hire an international consultant to discuss with the partners and establish this plan. His work, including a series of technical meetings, will be followed by a validation workshop.

Completion Indicator: Condom distribution strategy established and validated.

Technical Assistance and/or Resources: International consultant

Section C. IR 3: Improve the quality of selected health services

Introduction

To encourage increased demand, health services must meet clients' expectations with regard to quality, which are often linked to the convenience of the services, interpersonal relationships and friendliness. Clinical services must also be provided in accordance with rules and directives based on scientific evidence. Maintaining a uniform quality assurance system throughout the entire network of the public and private sectors and NGOs is crucial for a coordinated national response.

For activities to improve the quality of priority health services, SantéNet will work on the national level, during the first year of the project, from district health centers and in the initial training institutions.

On the national level, SantéNet will work with the Min Heal/FP and key partners to review, update and develop, if necessary, Policies, Standards and Protocols (PSP) in the following areas: Water, Sanitation and Hygiene (WASH), STI/AIDS, FP/RH, Malaria during Pregnancy (MDP), Comprehensive Children's Health Care (CCHC) and Nutrition. PSPs were developed in the majority of these technical areas in Madagascar; however it is possible that the existing PSPs need to be updated to comply with the best practices recommended and accepted internationally. SantéNet will begin by developing a guide for the technical review of the current PSPs compared to the recommended practices. In collaboration with the Min Heal/FP, SantéNet will identify a national working group comprised of experts who will be in the vanguard of the in-depth update process (if necessary) of each technical area of the PSPs and of the development of a national plan for dissemination on all levels to the service provision system. SantéNet will update these experts on the technical aspects that are lacking or obsolete.

In parallel, SantéNet will identify model service provision sites (these sites will be the ones identified previously by the MAC project in order to maximize resources) and training sites to begin the Performance and Quality Improvement (PQI) process. This practical approach toward conveying competencies will prepare providers, managers and students to comply with rules and directives when practicing medicine. Improving performance and quality is essential to both improving service providers' ability to provide quality service and implementing operational quality assurance models for specific health services.

The SantéNet PQI approach is based foremost on assuring systematically that infection prevention standards are used at all training sites. Infection prevention is fundamental to reducing the spread of infectious diseases and the potential risk of transmitting HIV to health care staff and clients and the community in general. Assessments prepared by the JHPIEGO and the World Bank showed that infection prevention practices in Madagascar are weak on all levels of the health care system. Also, SantéNet will begin the PQI process by training potential trainers and providers in IP at the model training sites for continuing and initial education using a recently-updated training program.

After training in IP, SantéNet will work in collaboration with the Min Heal/FP, local NGOs and other partners to apply the best policy, standards and protocols (PSP) practices for IP, MDP, FP and STI/AIDS in the rules and directives for providing services. Because the national-level PSP development process may take time, SantéNet proposes beginning to develop performance standards during the first year even if the final PSP documents approved in the technical areas specified above are still not officially available. The development process of these performance standards could accelerate the completion of the PSPs and will consider the national policy, international standards and the perspective of clients, providers and managers. The standards to be developed will reflect the operational aspects of providing services rather than abstract concepts of quality. This will ensure the ease of using the standards and tools and may give providers a clear description of the performance expectations.

FP, STI and HIV standards will be developed at the training sites for the initial training. Developing these standards in collaboration with the providers and trainers at the training sites for the continuing and initial training will ensure that PQI is introduced in all aspects of medical education and service provision. PQI (I) involves several steps. During the first year, the entire process will be completed at the training sites, while at the model sites for providing MDP services, the step of defining the standards for the desired IP and MDP performance will be completed. The service standards for Nutrition, CCHC and MCH will be developed the following years.

To complete the PQI process, SantéNet will increase the number of trained qualified trainers and providers capable of providing quality services. From now through the end of the year, all of these trainers will be competent to provide training on IP and MDP and they will be able to train in any other technical area identified and deemed to require intervention in the context of the PQI process.

As for the initial training, the SantéNet approach to improving capacities for providing quality services is based on the results of the self-evaluation conducted by the staff responsible for the initial training and by the CIDMEF. These two studies recommended updating the initial training program (except the CCHC, which was completed) and improving the training methods. To apply these recommendations, SantéNet will, in collaboration with the Min Heal/FP and the training institutions, identify two working groups (one for the PTI and one for medical schools) in order to perform a technical review and update the existing programs and training methods. This approach involves an in-depth examination of the current teaching policies, practices at the training sites and current programs. With the budget and time available for the first year, supervisors of the model training sites selected will be updated on "Clinical Training Skills" approaches developed by JHPIEGO in collaboration with the WHO.

The interventions during the first year will enable SantéNet and the Min Heal/FP to have some approaches, human resources and tools necessary to improve the quality of services in the technical areas not covered during the first year of the project. PQI tools and approaches will continue to be refined in the following years and will serve as a basis for improving the quality of services, which meets client, provider, supervisor and Min Heal/FP expectations.

¹ The PQI process involves a series of activities that begins by defining the desired performance by agreeing on the policies, standards and protocols on which providers will be evaluated. The standards are then an evaluation tool that will be used to describe the current status of the health services at the model training sites for continuing and initial education in the SantéNet intervention areas. The results of the current performance evaluation will be used to identify the gaps between the desired and actual performance of the service standards. The causes for the gaps will be analyzed until the fundamental causes for each gap are found and appropriate interventions to overcome the gaps are determined. The tool will be used to continually monitor the progress made toward realizing the performance goals, and it may be used for self-evaluation, evaluating peers and for internal and external evaluations. In future years, JHPIEGO will use the PQI tools as a basis for continuous improvement of performance and quality through an improved supervision system.

IR3 Technical Activities

C1. Common Components

The common components described in this section are preliminary activities to be conducted prior to beginning the quality assurance and training activities.

Objective 1 *Provide French educational resources to the SantéNet office in Tana.*

Activity 3.0.1 *Translate the educational material on Infection Prevention (IP); educational training resources (ERP) on supervision skills; effective teaching skills and review and finalize the educational material on Performance and Quality Improvement (PQI).*

JHPIEGO will facilitate the translation of the documents and make them available to the project. These tools include educational resources on infection prevention (IP), training on supervision skills and effective teaching and improving performance and quality. This material will be used to train health care officers in the MAC and SantéNet intervention areas. The translation costs will be divided by MAC, JHPIEGO and the SantéNet project.

Completion Indicator: The documents specified above are translated into French and available at the SantéNet office in Tana.

Technical Assistance and/or Resources: JHPIEGO/Baltimore will facilitate the translation of each of the documents. SantéNet, the MAC project and JHPIEGO will share the cost.

Objective 2 *Make contact visits with the regions and training sites selected previously.*

Activity 3.0.2 *The IR3 team members will make three-day contact visits and familiarization tours in each of the 4 SantéNet provinces. These visits will give the team the opportunity to:*

- present the SantéNet project and the IR3 intermediate results of the project;
- consider the locations of the training sites, including the MDP model sites and the local public and private training institutions;
- speak with the parties involved in the initial and continuing training and list their concerns.

The team will split into two, two-person groups, one will travel by road to Tamatave and Fianarantsoa; the second will go by plane to Tuléar. In Tana, all members will participate in visits at the sites selected.

Completion Indicator: Visit report with the strengths and weaknesses noted at the intervention sites.

Technical Assistance and/or Resources: One vehicle with fuel for the Tamatave and Fianarantsoa trip.

C2. IR 3.1 – Strengthen/improve the “Policies, Standards and Protocols” (PSP) of the public and private sector health services

Activity 3.1.1 Collect documents on the PSPs available on the national level

The objective of this activity is to perform a technical review of the PSPs and update them with content reflecting scientific evidence. The SantéNet staff will contact the key partners, which are the Min Heal/FP and its technical divisions, the ES/NCFAA, GAIN and PSI to collect the documents on the PSPs available and used on the national level in the following technical areas: STI/HIV, FP/RH, Malaria, CCHC, Nutrition, Water, Sanitation and Hygiene (Wash) and Vaccination.

Completion Indicator: The specified PSP documents are available at the SantéNet office.

Technical Assistance and/or Resources: Fees for photocopying documents

Activity 3.1.2 Identify/strengthen the working group on national PSPs.

In the framework of the plea, SantéNet will promote understanding and acceptance of the PSP revision process while guiding the policy and plea for strengthening PSPs. More specifically, it will seek to:

- Make the key partners aware of the need to strengthen the PSPs
- Make the PSP revision process acceptable
- Create support for and commitment to including the new content in the PSPs
- Obtain national-level opinion leaders' and decision makers' commitment to revise the PSPs.

SantéNet will work with a focal office/division designated by the Min Heal/FP to identify the key technical experts and other organizations appropriate for the partnership and involve them in the PSPs revision process. To ensure the maximum effectiveness of this work, efforts will be made to call upon individuals who worked on producing the previous version of the PSPs. All international, national and non governmental organizations that have worked on the PSPs or are currently working to update certain chapters of the PSPs should be involved in this process. Those that played a leading role in this effort should continue in a leadership role.

The potential partners who will be represented in the group of technical experts include: public institutions (the Min Heal/FP, ES/NCFAA, Ministry of Justice, NIPCH, medical schools, Pits, UHC, the Tana Mayor's Office, members of Parliament), national or international agencies/NGOs (GAIN, WHO, UNICEF, UNFPA, Linkages, CRS, Care) and in the private sector, (pediatrician and midwife associations, the physicians' society, MISONGA, FISA and ASNGO).

Completion Indicator: A national group of technical experts in place (list established) and a focal point designated in the Min Heal/FP.

Technical Assistance and/or Resources: SantéNet staff

Activity 3.1.3 Establish directives to facilitate revision of the PSPs

To facilitate the technical revision process of the PSP documents, SantéNet will develop, along with the support of the JHPIEGO Baltimore technical assistance team, directives for the first revision of the PSPs in accordance with standards and procedures accepted on the international/national level. These directives will include input from the key players. This guide will ensure that the national working group and other key experts have a preliminary understanding of the strengths and weaknesses of the existing PSPs.

Completion Indicator: A guide for revision of the PSPs available.

Technical Assistance and/or Resources: Technical support from JHPIEGO Baltimore

Activity 3.1.4 ***Hold a meeting to establish a national strategy for planning PSP revision activities during which the directives will be discussed.***

SantéNet, in collaboration with the Min Heal/FP, will invite the national working group for PSPs and other experts to a one-day meeting to discuss: 1) a national strategy for updating the PSPs, 2) implications for the Min Heal/FP, 3) how to spread and introduce the PSP revision and the work schedule. The Min Heal/FP will distribute the directives for revising the PSPs and a copy of the PSPs to the service providers selected and the DMTs who did not attend the meeting to establish the national strategy, but would be able to contribute to the revision. Twenty-seven people representing the technical divisions of the Min Heal/FP and all partner organizations (see list in 3.1.2) and some members of the SantéNet staff (8) will participate in this meeting.

Completion Indicators: Minutes from the meeting available; a national strategy for revising the PSPs established and the guide for revising the PSPs distributed to all partners.

Technical assistance and/or resources: Technical assistance from JHPIEGO for planning and organizing the meeting.

Activity 3.1.5 ***Compile, review and analyze the preliminary feedback on the PSPs***

SantéNet staff, with the technical assistance of JHPIEGO/Baltimore, will receive feedback on the PSPs from the key parties concerned and technical experts based on the directives given during the strategy meeting. The experts will review the feedback and use it to identify the technical areas that need updating and to organize a training activity to bring knowledge up-to-date.

Completion Indicator: A report summarizing the technical areas to be improved in the PSPs and defining the content for updating the available experts.

Technical assistance and/or resources: Technical assistance from JHPIEGO for analyzing and synthesizing feedback – mailing expenses.

Activity 3.1.6 ***Conduct a five-day national workshop, 3 days of which for the technical update on the PSPs and 2 to discuss the division of responsibilities for the formal revision of the PSPs***

SantéNet staff will plan the workshop in collaboration with the Min Heal/FP division/office and technical assistance from JHPIEGO/Baltimore. The specific objectives of the workshop will be:

- To ensure that the working group on PSPs and other key partners understand their role and responsibilities and the content of the PSPs to be updated due to their update,
- To develop the PSP revision process
- To share terms of reference

The content of the workshop will include the priority technical areas identified. A technical expert from JHPIEGO (Baltimore or West Africa) will conduct a technical update for 3 days. This will be followed by a two-day meeting with the working group to share terms of reference, obtain everyone's agreement on the work schedule and divide the tasks. The group members will be divided into small work groups according to their area of technical expertise. The groups will receive directives concerning how to integrate new policies, standards and procedures accepted internationally, and they will change the schedule (if necessary) for disseminating the revision of the PSPs.

At the monthly monitoring meetings, time will be allotted for reaching a consensus on the key technical areas of the PSPs. Thirty-five people will attend this workshop including SantéNet staff members.

Completion Indicators: A work schedule available and the thematic work groups in place.

Technical Assistance and/or Resources: SantéNet staff will monitor the activity in collaboration with JHPIEGO.

Activity 3.1.7 Hold monthly monitoring meetings with small work groups (20 people per session)

The objective of this activity is to periodically assess the progress made in revising the PSPs in order to obtain a consensus on the changes, which were incorporated. The Min Heal/FP, with the support of the SantéNet staff, will organize monthly meetings facilitated by a staff member or representatives of other partner organizations.

Completion Indicator: A report on the monitoring meetings available with information on the progress made in the technical areas to be revised and on the level and nature of the consensus obtained on the changes made.

Technical Assistance and/or Resources: SantéNet staff will facilitate conducting the meetings and producing the reports in collaboration with national experts.

Activity 3.1.8 Provide technical support in establishing the National Children's Health Policy

This activity will enable SantéNet to contribute to the process of establishing the national children's health policy in Madagascar. SantéNet will be actively involved in the work currently in progress at the Min Heal/FP to establish the national children's health policy. The IR3 team will initiate subsequent discussions with the key Min Heal/FP players to define more specifically the type of support expected of it.

Completion Indicator: Framework of support defined and technical assistance identified.

Technical Assistance and/or Resources: SantéNet staff

Activity 3.1.9 Conduct operational research on the use of zinc for diarrhea

Promoting the strategies necessary to apply new WHO/UNICEF directives on dealing with diarrhea is the first step in developing the national policy on the use of zinc. The SantéNet nutrition specialist will be supported by Helen Keller International (HKI) in implementing and coordinating this activity. He will work in collaboration with the WHO, UNICEF and the CHO at the Min Heal/FP.

Completion Indicator: Study activities and protocol planned and study initiated.

Technical Assistance and/or Resources: Technical assistance from HKI

C3. IR 3.2 – Strengthen providers' ability to deliver quality health services

A. IN-SERVICE TRAINING

The principal institutions/organizations identified for the partnership to achieve the 3.2 intermediate results are currently: the NIPCH, DMT, PTI, the MAC partners, schools of medicine, Quality Care Service (QCS), the NSP, the Ministry of Education and scientific research (Higher Education Administration), the UHCs, education directors of the schools of medicine, Linkages, and the Nutrition Department.

Activity 3.2.1 Perform a rapid three-day assessment of infection prevention (IP) at the 4 model malaria during pregnancy (MDP) prevention sites

SantéNet proposes strengthening the Malaria Action Coalition sites, which will serve as model training sites for continuing training and providing services, through training and introducing an operational quality assurance and supervision system. The start point for improving the quality of the services will be infection prevention at the model Malaria During Pregnancy (MDP) prevention sites.

The SantéNet continuing training specialist will assist in a rapid IP assessment, which will be performed by MAC at the model Malaria During Pregnancy (MDP) prevention sites developed previously. Four sites will be selected from the following: Brickaville, Vatomandry, Vavatenina, Fénérive-Est and Sainte Marie.

Completion Indicator: Assessment completed and report available at the SantéNet office.

Technical Assistance and/or Resources: MAC

Activity 3.2.2 Conduct IP training for 12 potential trainers and 8 training supervisors in Tamatave.

SantéNet, in collaboration with MAC, will conduct a five-day IP training for twenty participants to reinforce their IP skills in the MAC intervention area in Tamatave. The training specialist will continue to actively participate in planning training and logistics. These participants will be selected on the Tamatave province/district and central levels.

Completion Indicator: Twelve potential trainers and 8 training supervisors trained and competent in IP.

Technical Assistance and/or Resources: Technical assistance from JHPIEGO and MAC

Activity 3.2.3 Conduct training in clinical training skills (CTS) for 12 potential trainers

SantéNet will conduct a five-day training activity in Tamatave in collaboration with MAC for 12 potential trainers to reinforce their clinical training skills (CTS).

Completion Indicator: Twelve potential trainers competent in clinical training.

Technical Assistance and/or Resources: Technical assistance from JHPIEGO.

Activity 3.2.4 *Twelve candidate trainers will conduct 4 six-day IP training activities for 44 service providers and 20 trainers previously trained on malaria during pregnancy (MDP).*

To ensure that a pool of 32 trainers competent in IP, MDP and CPC are available for continuing training in the MAC intervention area and providers from the model MDP sites are competent in infection prevention, SantéNet will conduct, in collaboration with MAC, 4 six-day training workshops on Infection Prevention (IP) for 44 service providers and 20 MDP trainers. These workshops will be led by 12 trainers who are candidates for CTS qualification.

Completion Indicator:

- Twelve trainers qualified in CTS
- Forty-four providers trained and competent in IP
- Twenty MDP trainers competent in IP

Technical Assistance and/or Resources: Technical support from MAC and SantéNet

Activity 3.2.5 *Train 12 trainers qualified in CTS, MDP and CPC*

A five-day training workshop will be conducted for 12 trainers qualified in CTS to strengthen their MDP and CPC skills. This workshop will be led by MDP trainers trained previously.

Completion Indicators: Twelve trainers qualified in CTS, competent in MDP and CPC.

Technical Assistance and/or Resources: Technical support from MAC and SantéNet

Activity 3.2.6 *Conduct monitoring visits with officers trained in IP at the 4 model CPC/IP/MDP sites.*

To ensure that the providers trained in IP use good infection prevention practices, 6 months after the trainings, the SantéNet continuing training manager, a MAC representative (Dr. Désiré) and one of the trainers selected will conduct a quarterly two-day joint monitoring visit to each of the four model CPC/IP/MDP sites.

Completion Indicator: Monitoring visit reports providing information on the performance of the 44 providers available

Technical Assistance and/or Resources: Technical support from MAC and SantéNet

B. PRE-SERVICE TRAINING

The partners identified to conduct the initial training activities are: the NSP, the Ministry of Education and Scientific Research (Higher Education Administration), the NIPCH, the DMT, PTI, MAC partners, schools of medicine, the Quality Care Department (Min Heal/FP) and the DCCA.

Activity 3.2.7 *Provide technical support to the STDD team on the update of the National Training Policy.*

This activity will enable SantéNet to support the STDD team in updating the national health training policy. The initial training manager will contact the group of experts in place and determine the type of support desired. Once the nature of the support has been specified, SantéNet will be actively involved in the update process. If necessary, JHPIEGO will aid in identifying the appropriate technical assistance for the support to be provided.

Completion Indicators: Effective contribution of SantéNet in the policy update process and availability of a national training policy that is appropriate to the priority health needs.

Technical Assistance and/or Resources: Technical support of the initial training specialist and possibly from JHPIEGO

Activity 3.2.8 *Collect all initial training study programs, evaluation reports and general information documents available relative to SantéNet technical areas: STI /HIV, FPI/RH, SMN, malaria, CCHC, nutrition and WASH and identify the key partners for the work plan with a view to performing a technical review.*

With a view to obtain all material necessary to perform a technical review of the initial training study programs, SantéNet will contact the key parties concerned at the Min Heal/FP (Reproductive Health Division, Malaria Control Program, Children's Survival, WASH/Nutrition, SQS, etc.), those at the Ministry of Education, the schools of medicine (reform committee), PTIs, NIPCH and other private training institutions. It will collect national study programs for initial training, evaluation reports and related documents existing at this time in the schools of medicine and PTIs in Madagascar, and share them with JHPIEGO/Baltimore.

Completion Indicator: Initial training curricula of the schools of medicine and PTIs, evaluation reports in the following technical areas: STI/HIV, FP/RH, malaria, nutrition, WASH and CCHC available at the SantéNet office in Tana.

Technical Assistance and/or Resources: Document photocopy and binding fees

Activity 3.2.9 *Select/strengthen the work groups to take an inventory of the needs and update the initial training programs.*

SantéNet will work with the Min Heal/FP and members of the teaching staff of the paramedical schools, schools of medicine and professional associations (midwife schools) to put in place two work groups (one for PTIs and one for the Tana and Majahanga schools of medicine). The members of these groups will be the key experts who will aid in coordinating and facilitating the initial training tasks and activities. They will also be responsible for providing advice on political issues and supporting the plea in a manner that reinforces the study programs. Major effort will be made to use members of work groups formed previously.

Completion Indicator: 2 work groups (1 PTI, 1 school of medicine) formed and a list of the members is available.

Technical Assistance and/or Resources: SantéNet staff

Activity 3.2.10 *Develop directives to facilitate taking an inventory of the initial training needs*

To facilitate the needs inventory, the SantéNet initial training specialist, with the support of JHPIEGO, will develop directives for taking an inventory of the needs and performing a technical review of the curricula/programs.

Completion Indicator: Directives available for taking an inventory of the needs and reviewing technical documents.

Technical Assistance and/or Resources: Technical support from JHPIEGO

Activity 3.2.11 Hold 2 preparation activity planning meetings to inventory needs with the school of medicine and PTI work groups.

SantéNet, in collaboration with the Min Heal/FP, will invite each work group formed for initial training and other experts to a two-day meeting to:

- Discuss the approach methodology for taking an inventory of the needs, technical review/analysis of the existing programs
- Discuss the proposed directives
- Develop a work schedule
- Divide tasks among members

Completion Indicator: Strategy and work schedule defined and meeting report available.

Technical Assistance and/or Resources: Technical support from SantéNet

Activity 3.2.12 Inventory needs relative to organization and the content of the study programs in the areas of STI/HIV, FP/RH, SMN, malaria, CCHC, vaccination, nutrition and WASH and the capacities of the training institutions.

SantéNet intends to help the PTI and schools of medicine work groups evaluate the needs for updating study programs and institutional reinforcement of the training institutions. SantéNet assistance will be in line with the current efforts to reform the teaching programs in the PTIs and schools of medicine. In a first step prior to deciding what programs or curricula to update, SantéNet staff will work with the work groups identified to determine the progress of the various reforms underway, analyze the existing evaluation reports and determine whether it is necessary to take an inventory of the later needs.

The TDR of the needs inventory would be to:

- Describe the conditions in which the education takes place and the use of the practical training sites;
- Determine the initial focus of strengthening the study program and selecting institutions;
- Evaluate the training approaches used in public and private training institutions and identify the aspects to be improved, in particular the use of the andragogic approach in training;
- Identify the technical areas to be improved.

The evaluation will last 2 weeks and it will be performed by a group of 6 experts (3 experts for each institution) supported by other members, if necessary. Two weeks will be dedicated to collecting data and one week to preparing the report. The report will provide a view of the technical areas of the programs to be improved and the needs to strengthen the institutional capacities of the training schools. Based on the priority needs identified, SantéNet will establish an assistance plan in collaboration with the key players, and revision of the curricula with weaknesses could begin in 2005 and would continue the following year.

Completion Indicators: Report on the results of the needs evaluation available and a SantéNet assistance plan developed.

Technical Assistance and/or Resources: Financial resources to facilitate the experts' (6) travel in the provinces and to motivate them.

Activity 3.2.13 Participate in Ad Hoc technical meetings with the PTI and school of medicine work groups

Certain study programs are already being reformed in terms of coordinating PTIs and schools of medicine. The continuing training manager will be involved in these meetings, and at times, take the initiative to host some of them.

Completion Indicator: Number of meetings conducted, follow-up of reports

Technical Assistance and/or Resources: Technical support from SantéNet and SantéNet may at times facilitate certain meetings.

Activity 3.2.14 Provide CD-ROMs and other self-teaching educational materials to the Internet cafés connected to the initial training institutions.

This activity is intended to reinforce support for training institutions to facilitate the self-teaching of health students in FP/RH/HIV/MDP. JHPIEGO/Baltimore will send a set of CD-ROMs and other educational and self-teaching materials to equip the Internet cafés within the training institutions.

Completion Indicator: CD-ROMs available in the cyber cafés set up by the training institutions in Tana and the provinces.

Technical Assistance and/or Resources: Assistance from JHPIEGO- Resources to distribute the CD-ROMs.

Activity 3.2.15 Support monitoring of the implementation of the nutrition modules in the initial training schools (school of medicine, paramedical training institutions, public and private).

This activity is intended to improve the quality of nutrition in public and private health trainings.

The process is already in place with a self-evaluation system. SantéNet support will be focused on monitoring implementation in the public sector. In collaboration with the schools of medicine, paramedical training institutions, Linkages and SDN, the monitoring will be integrated into the supervision of the students.

Completion Indicator: Quality services integrating nutrition provided in the health structures of the public sector.

Technical Assistance and/or Resources: Technical support of training institution instructors and SantéNet staff.

Activity 3.2.16 University training and field training programs

Objective: Preparations for university training and field training programs.

SantéNet plans to send 8 Malagasy professionals to perform master's studies in the United States. A maximum of 5 Malagasy participants could also receive short-term technical training in the United States and/or a third country during the life of the project. During year 1, SantéNet will create the foundations for this training, which will be developed in years 2 and 3 of the contract.

In application of the first annual work plan, SantéNet will collaborate with partners and stakeholders to identify the basic technical disciplines that Malagasy professionals working in the health sector lack and determine what organizations are the most appropriate to have these competencies. This will enable us to identify the individuals to form a core of candidates for training.

Next, SantéNet will establish a formal selection mechanism (skill requirements, evaluation criteria, etc.) to recruit and choose candidates for training who are best able to benefit from the training and to use the knowledge acquired on behalf of their organization for the widest array of Malagasy health professionals.

SantéNet will collaborate with USAID and the organizations concerned to finalize the selection of the participants and initiate the procedures required for the applications and steps prior to the departures. The project's management team at Chemonics headquarters and the International Department of Education and Training (IDET) will identify possible training programs and take responsibility for the participants.

Completion Indicator: A core of trainees selected and prepared to receive training in the United States or a third country.

Technical Assistance and/or Resources: The director of the programs and the clinical/technical director will be responsible for evaluating the training needs, limiting the core of candidates for training and identifying the programs. The training manager will communicate with the USAID mission and be responsible for the steps prior to the participants' departure. The Chemonics IDET team is responsible for conducting the training steps in the United States and in third countries and seeing after students during their training program.

C4. IR 3.3 – Introduce operational quality assurance models

The work partners identified for the implementation of the IR3.3 are: the Min Heal/FP, schools of medicine, NIPCH, STDD, DCCA, directors of the UHCs, RPHC directors, HPD/FP, HRD, maternity ward supervisors, medical training reform committee of the school of medicine in Tana, ES/NCFAA, PTIs, NGOs, the WHO, UNFPA, UNICEF, Coopération Française and others representing the private sector, community representatives, managers of the training sites selected, student representatives).

Activity 3.3.1 Conduct an orientation on the Performance and Quality Improvement (PQI) process and on the supervision system for leaders of the Min Heal/FP, the SantéNet team and quality assurance experts from the private sector and other partner organizations specified above.

SantéNet intends to promote the process to improve quality (PQI) and supervision on the national and provincial levels and in the private sector. The SantéNet continuing training manager and JHPIEGO/Baltimore will invite about thirty people representing the Min Heal/FP, members of the SantéNet team and other quality assurance partners to a half or full-day meeting to:

- present the PQI process
- reach a consensus with the partners on the concept of Quality Assurance with a view to ensuring complementary approaches.

Completion Indicator: The key partners on the national level are made aware of the PQI approach (meeting report).

Technical Assistance and/or Resources: Technical assistance from JHPIEGO

Activity 3.3.2 Train a core of central and provincial-level facilitators on the PQI approach

This activity is intended to strengthen the skills of a core of facilitators on the national level and at training sites in conducting PQI activities in Madagascar. SantéNet, with the support of JHPIEGO, will conduct a more in-depth four-day orientation on PQI for twelve potential PQI facilitators in Tana. Participants will be chosen on the central (4) and provincial levels including the MAC intervention area (8 comprised of 2 per province). These trained facilitators will lead, under the supervision of resource people from JHPIEGO and SantéNet, PQI workshops that will be organized at the MAC sites and training sites, which will be selected during the first year of the project.

Completion Indicators: Twelve potential PQI facilitators identified and trained.

Technical Assistance and/or Resources: Technical assistance from JHPIEGO

Activity 3.3.3 Hold an orientation meeting in Tamatave province on the PQI process and supervision

This activity is intended to promote the PQI approach at the MDP sites in Tamatave with a view to improving the quality of the services and performance at the model sites. The SantéNet continuing training manager and JHPIEGO/Baltimore, with the support of the PQI facilitators and in collaboration with RBM/MAC/WHO, will conduct and facilitate a one-day orientation workshop for technical and administrative staff and key partners (representatives of the partners, commune leaders, private sector, community associations, members of the MCs, etc.) of the model MDP training sites. The objective of this meeting is to increase the awareness of all these key players of the merit of supporting the PQI process and supervision.

Completion Indicator: The key partners are familiarized with the PQI process (meeting report available)

Technical Assistance and/or Resources: Support of the PQI facilitators and from JHPIEGO.

Activity 3.3.4 Conduct a workshop on Performance and Quality Improvement to determine the desired performance in IP, CPC and MDP at the 4 model MDP sites.

The SantéNet continuing training manager and JHPIEGO/Baltimore, with the support of the PQI facilitators and in collaboration with RBM/MAC/WHO, will conduct a five-day workshop to establish the desired performance standards for Infection Prevention (IP), Concentrated Prenatal Care (CPC) and Malaria during Pregnancy (MDP). The specific objectives of the workshop will be to:

- Develop desired performance standards for IP, CPC and MDP
- Develop useful standards to help the national work group on PSPs update the PSP directives for IP, malaria (MDP) and concentrated prenatal care (CPC).
- Ensure that all key clinical staff at the sites understand and support the standards developed.

The following will participate in this workshop: provincial managers from the Min Heal/FP, maternity ward supervisors, hospital administrators, student representatives, training supervisors, community leaders, representatives from the private sector, community representatives and managers of the 4 MDP sites and 6 provincial PQI facilitators. Two PQI facilitators from Tamatave and one from SantéNet will be involved in conducting the workshop under the supervision of JHPIEGO.

Completion Indicator: Desired performance standards available for MDP, IP and CPC.

Technical Assistance and/or Resources: Support of the PQI facilitators, technical assistance from JHPIEGO.

Activity 3.3.5 Identify the training sites

SantéNet will try to improve the quality of services at the training sites by improving infection prevention practices and introducing a quality assurance system based on the PQI approach. Activities 3.3.5-3.3.11 will be implemented for this purpose. The organizations identified for partnership to realize these objectives are: directors of the UHCs, RPHC directors, PHO/FP, RHO, the medical training reform committee of the school of medicine, PTI, Min Heal/FP, NIPCH, STDD, DCCA, WHO and others.

SantéNet staff, in collaboration with the Min Heal/FP and members of the teaching staff from the paramedical schools and schools of medicine, will identify training sites in urban and rural areas.

Completion Indicator: Sites identified (3 provincial sites and 7 sites in Tana for the first year of the project)

Technical Assistance and/or Resources: SantéNet

Activity 3.3.6 Perform a rapid three-day IP evaluation at 10 training selected sites.

SantéNet (initial training specialist), in collaboration with the Min Heal/FP, will perform a rapid evaluation of the IP practices at the training sites identified.

Completion Indicator: Evaluation report available.

Technical Assistance and/or Resources: SantéNet

Activity 3.3.7 Train the training supervisors and other service providers from the 10 training sites.

SantéNet and a JHPIEGO technical expert will conduct, in collaboration with the Min Heal/FP, a six-day IP training workshop for twenty participants to strengthen their IP skills.

Completion Indicator: Twenty supervisors trained in IP.

Technical Assistance and/or Resources: Technical assistance from JHPIEGO

Activity 3.3.8 Conduct a PQI workshop to determine the desired performance standards for family planning, sexually transmitted infections and HIV (FP/STI/HIV) at the training sites.

The organizations identified for partnership to implement the activities described below are: directors of the UHCs, RPHC directors, PHO/FP, RHO, the medical training reform committee of the school of medicine, PTI, Min Heal/FP, NIPCH, STDD, DCCA, WHO and others.

SantéNet staff and JHPIEGO/Baltimore, in collaboration with the Min Heal/FP, will conduct a five-day workshop to develop the desired performance standards for FP/STI/HIV. The following will participate in this workshop: national leaders of the Min Heal/FP, maternity ward supervisors, hospital administrators, student representatives, training supervisors, commune leaders, representatives of the private sector, community representatives and managers of the training sites.

Completion Indicator: Desired standards available for FP/STI/HIV.

Technical Assistance and/or Resources: Technical assistance from JHPIEGO and support of the PQI facilitators.

Activity 3.3.9 Describe the actual performance and gaps in FP/STI/HIV at the 2 sites for the demonstration with the support of JHPIEGO

The organizations identified for partnership to implement the activities described below are: directors of the UHCs, RPHC directors, PHO/FP, RHO, the medical training reform committee of the school of medicine, PTI, Min Heal/FP, NIPCH, STDD, DCCA, WHO and others.

SantéNet staff, with the support of the central-level PQI facilitators (4) under the supervision of JHPIEGO and in collaboration with providers and clinical supervisors, will conduct by way of demonstration a three-day workshop at 2 training sites chosen to evaluate current performance relative to FP/STI/HIV in a real situation.

Completion Indicators: Reports available.

Technical Assistance and/or Resources: Technical assistance from JHPIEGO and support from the national PQI facilitators.

Activity 3.3.10 Conduct a workshop to analyze the primary causes and identify the interventions necessary to overcome the gaps between the demonstration performance and actual performance at 2 sites for the demonstration with the support of JHPIEGO.

The organizations identified for the partnership to implement the activities described below are: directors of the UHCs, RPHC directors, PHO/FP, RHO, the medical training reform committee of the school of medicine, PTI, Min Heal/FP, NIPCH, STDD, DCCA, WHO and others.

SantéNet staff, with the support of the central-level PQI facilitators (4) under the supervision of JHPIEGO and in collaboration with the providers and clinical supervisors, will conduct by way of demonstration a five-day workshop for 2 training sites chosen to analyze in a real situation the primary causes and identify the interventions necessary to overcome the gaps between the desired performance and the actual performance relative to FP/STI/HIV. The following will participate in this workshop: the Min Heal/FP, maternity ward supervisors, commune leaders, representatives of the communities, administrators of the 2 training sites and the provincial PQI facilitators.

Completion Indicator: Action plans available for each training site.

Technical Assistance and/or Resources: Technical assistance from JHPIEGO and support from the PQI facilitators.

Activity 3.3.11 Support the dissemination of and guidance on the fact sheets of the 6 contacts and the self-teaching modules on nutrition and monitoring officers.

SantéNet will work with Linkages; GAIN, training supervisors and the Min Heal/FP to disseminate fact sheets and self-teaching modules already developed and validated on nutrition in its intervention areas. SantéNet will participate in the activities to monitor officers and ensure that these activities are integrated into the existing mentoring and supervision systems. These activities are intended to improve the quality of nutrition in basic health centers.

Completion Indicator: Fact sheets and self-teaching modules available at health trainings and comprehensive supervision visits conducted regularly.

Technical Assistance and/or Resources: Assistance from HKI and SantéNet staff

Activity 3.3.12 Contribute to producing and disseminating guides on universal precautions and standard technical care developed by the Min Heal/FP.

With a view to improving the quality of nursing care, the Min Heal/FP has already assembled a fund to produce guide documents, but is seeking additional resources with other partners (WHO, UNFPA, UNICEF, Coopération Française, and others). SantéNet has been called

upon for a financial contribution to the production and dissemination of the guides and implementation of a continuity system.

Completion Indicator: Care guide available at all health trainings, in particular in SantéNet intervention areas and at the training sites.

Technical Assistance and/or Resources: SantéNet

Activity 3.3.13 *Support the production and dissemination of the training guides already validated to supervisors of medical students.*

With a view to improving the quality of the mentoring of medical students, the school of medicine has called upon SantéNet and other partners to provide financial assistance for the production and dissemination of the guides and implementation of a continuity system.

Completion Indicator: Training guides available for supervisors and students.

Technical Assistance and/or Resources: Financial support from SantéNet and other sources.

C5. IR 3.4 – Improve the quality of services for the treatment of STIs.

Activity 3.4.1 *Document the best VTC practices*

With a view to capitalizing on the best VTC experiences/practices in the SantéNet intervention areas and the goal of promoting them, the SantéNet HIV/AIDS component director will identify all VTC stakeholders (ES/NCFAA, OFSTI, FPO, CARE, CRS, FISA, SALFA, MDM, UNAIDS) and perform a rapid evaluation of the good practices used in CTV, prevention and counseling on AIDS in the SantéNet intervention areas. This work will be performed through observation visits at the CTV sites selected, interviews with the providers, beneficiaries and members of the community. A report will be produced and the results of the evaluation will be widely disseminated in the country.

Completion Indicator: Evaluation report available.

Technical Assistance and/or Resources: SantéNet.

Section D. IR 4: Improve the institutional capacity to implement and evaluate health programs

Introduction

IR 4 is an integral part of SantéNet's 4 intermediate results responding to USAID/Madagascar's strategic objective 5. This result entails improving the institutional capacity to implement and evaluate health programs.

To improve the collection and use of data, it is first necessary to diagnose the current health information system. Based on the results of the diagnosis, this system is revitalized at the 4 sites, one in each target province.

Improving the performance of the health information system depends in part on its accessibility to both health care professionals and other stakeholders and donors. For this reason, the accessibility of this information will be evaluated prior to establishing a plan of action to address the needs. In parallel to this activity, it has proven necessary to support the dissemination of the results of the last DHS, in particular in the provinces where SantéNet is active.

On the operations level, several NGOs working in the health sector already work in the SantéNet intervention areas. A certain number of these NGOs provide the opportunity to receive technical and/or financial support in the framework of the SantéNet fund to expand the improved health of the target populations. In this same sense, because Madagascar does not yet have a policy on hiring, SantéNet would support the development of this policy and its plan of action.

To optimize the efficient use of resources, SantéNet will seek cooperation from its partners, in particular MISONGA and Voahary Salama, on harmonizing the approaches and tools to use to support these NGOs. The NGOs receiving support will be selected using harmonized tools and shared information.

One of the activities able to improve the population's health is to strengthen civil society groups' capacity to plea in favor of health issues. In fact, although these civil society groups work actively in the field, a limited capacity to make pleas decreases the efficacy of the activities performed. Therefore, SantéNet and its local partners, after these groups have been selected, will contribute to strengthening their capacity to make pleas for health.

The fight against HIV/AIDS is a priority area for SantéNet. Therefore, SantéNet will contribute to conducting the national forum on AIDS organized by the NCFAA.

Finally, because nutrition is a big public health problem and since the national policy on nutrition was just established, SantéNet will contribute to formulating a national plan of action on this policy and to developing the terms of reference of the National Council on Nutrition (NCN) and the National Nutrition Office (NNO).

In this same framework, since data from the "PROFILES" analysis dates back to 1998, it would be preferable to update it according to the results of the last DHS in order to be able to make sound decisions to improve the nutrition of the target groups.

IR4 Technical Activities

D1. IR 4.1 – Improve the collection and use of data for decision making

Activity 4.1.1 Diagnose the current health information system

Objective: Evaluate the system for collecting and using data.

The system for collecting and using data in Madagascar needs to be updated so that all players in the health field use the same tools and the same directives. To do this, SantéNet will contribute, through its consultant and in collaboration with the Min Heal/FP and its partners, first to evaluating this system, then formulating a uniform tool, able to be used on all levels of the health system.

Completion Indicator: Report on the diagnosis performed on the existing system.

Technical Assistance and/or Resources: To be determined

Activity 4.1.2 Revitalize the information system through 4 pilot sites (1 site per province)

Objective: Obtain reliable data for the appropriate use of data

After diagnosing the system, based on the new tools and directives, SantéNet and its partners will test this new system at 4 pilot sites (1 site per SantéNet intervention province). A planning meeting will be convened in the 4 provinces to identify the pilot sites. A second team-building meeting will take place with the local partners at the 4 sites identified prior to training the health center managers and communities leaders of each site. The SantéNet team and the Min Heal/FP will periodically monitor the activities on various levels. An evaluation report of these sites will be written at the end of the first year.

Completion Indicators:

- Collection tools established
- Pilot sites identified
- Reports on meetings with the DHO/CSB
- Training reports on health officers and community leaders
- Evaluation report of the 4 pilot sites.

Technical Assistance and/or Resources: To be determined.

Activity 4.1.3 Update the PROFILES analysis

Objective: Improve use of the data for making decisions on nutrition

The PROFILES analysis is an effective tool in the plea for nutrition. Data from the Madagascar PROFILES dates back to 1998. Therefore, SantéNet will update this data with its national and international partners to improve decision making by the different leaders.

Completion Indicator: PROFILES analysis updated.

Technical Assistance and/or Resources: HKI

D2. IR 4.2 – Expand access to health information

Activity 4.2.1 Support the dissemination of the DHS results

Objective: Improve access to the information

The results of the DHS are important tools for making decisions on various levels. SantéNet will contribute to disseminating the DHS results at the 4 PHOs where it works. SantéNet, in collaboration with these 4 PHOs, will organize a workshop to disseminate the results of the last DHS in these 4 provinces.

Completion Indicator: Meeting report on the dissemination of the DHS results in the 4 PHOs.

Technical Assistance and/or Resources: SantéNet team

Activity 4.2.2 Support the dissemination of information through partners and donors.

Objective: Improve the flow of information through the players.

One of the problems of the health information system is the dissemination of information to donors and partners. In fact, in some cases, donors and partners do not obtain the reliable information necessary to making decisions. SantéNet, with the Min Heal/FP and its partners, will organize joint meetings to identify the constraints to disseminating this information and hold a workshop with the donors to draw up a plan of action taking these constraints into account.

Completion Indicators:

- Report on the identification of the constraints
- Report on the determination of appropriate solutions.

Technical Assistance and/or Resources: SantéNet team

Activity 4.2.3 Evaluate the sources of health information

Objective: Improve access to information

The accessibility of information throughout the entire health system facilitates decision making on various levels of this system. To be able to improve access to information, SantéNet will list the sources of health information and evaluate the accessibility of this information on various levels of the health system. Finally, SantéNet and its partners will organize a workshop to establish a plan of action for improving access to health information.

Completion Indicators:

- List of information sources established
- Evaluation report on information accessibility
- Plan of action established

Technical Assistance and/or Resources: National consultant

D3. IR 4.3 – Improve NGOs' capacity to implement health programs

Activity 4.3.1 Harmonize the approaches and tools to be used with the partners.

Objective: Ensure that NGOs are capable of implementing the health program.

Public health activities concern not only the Min Heal/FP, but also the various organizations working for health. Various NGOs play an active part in the implementation of the national health policy in Madagascar. SantéNet, through its technical and financial support, will assist these NGOs to enable them to carry out their activities with the goal of achieving common objectives. SantéNet will organize preparation meetings with MISONGA and its other partners to harmonize the approaches and tools to be used in the field.

Completion Indicator: Tools and approaches harmonized with the partners.

Technical Assistance and/or Resources: TRG

Activity 4.3.2 Select NGOs for institutional, financial and technical support

Objective: Ensure that NGOs are capable of implementing the health program.

In a second step after Activity 4.3.1, SantéNet will establish and disseminate its modes of access for NGOs working in its 4 intervention provinces.

Then, SantéNet will select and train these NGOs to enable them to improve their technical skills.

Finally, SantéNet and its partners will conduct workshops with these NGOs in the 4 provinces to aid in establishing a plan of action for priority health products and services.

Completion Indicators:

- Modes of access developed and disseminated
- Number of NGOs selected
- Training reports on NGOs prepared
- List of plea themes identified
- Plan of action established

Technical Assistance and/or Resources: SantéNet, TRG, MISONGA

Activity 4.3.3 Monitor and evaluate the activities of the NGOs supported

Objective: Ensure that NGOs are capable of implementing the health program.

For better quality assurance, SantéNet will go into the field every 2 months with its partners and prepare a trend chart to facilitate the monitoring and evaluation of these NGOs.

Completion Indicator: Trend chart established

Technical Assistance and/or Resources: SantéNet

Activity 4.3.4 Support the Min Heal/FP in establishing a national policy on hiring and the action plan relative to this policy.

Objective: Improve the hiring system between the Min Heal/FP and NGOs.

Contrary to the WHO recommendation, many countries including Madagascar still do not have a policy on hiring. Through its consultant, SantéNet will support the Min Heal/FP in establishing this policy and the corresponding plan of action.

Completion Indicators:

- Policy established
- Plan of action completed

Technical Assistance and/or Resources: International consultant

D4. IR 4.4 – Strengthen civil society’s capacity to advocate for public health issues

Activity 4.4.1 Ensure that civil society is able to plea in favor of health in the 4 intervention provinces.

Objective: Improve civil society’s capacity to plea in favor of improving access to and the quality of priority health products and services in the SantéNet intervention areas.

Many civil society groups working in the community merit support to obtain the capacity to plea to administrative health authorities. SantéNet will first organize a joint meeting with its partners in the 4 provinces to identify the groups with which to work and the health issues to be the subject of pleas. Next, SantéNet and its partners will conduct plea trainings for these groups based on the health issues identified. Finally, SantéNet and its partners will go into the field every 2 months to monitor the activities of these groups.

Completion Indicators:

- Groups of organizations and plea issues identified
- Reports on training conducted
- Reports on monitoring conducted

Technical Assistance and/or Resources: SantéNet/MISONGA

D5. IR 4.5 – Strengthen the capacity of NGOs, community-based groups and authorities to use information for decision making and to implement activities to fight HIV/AIDS.

Activity 4.5.1 *Contribute to conducting a national forum on HIV/AIDS*

Objective: Support the NCFAA in conducting the National HIV/AIDS forum

SantéNet works in close cooperation with the NCFAA on the HIV/AIDS issue. Therefore, SantéNet will support the national forum on HIV/AIDS organized by the NCFAA by contributing to the design of the methodology, facilitation, cost and logistics of the forum.

Completion Indicators:

- Methodology of the forum determined
- Form conducted

Technical Assistance and/or Resources: National consultant

D6. IR 4.6 – Support the implementation and reinforcement of new structures to coordinate and implement the national nutrition policy (NNP)

Activity 4.6.1 *Support the development of the NNP action plan and terms of reference of the National Council on Nutrition (NCN) and the National Nutrition Office (NNO)*

Objective: Ensure that the SantéNet and NNP work plans are consistent.

As the national nutrition policy was just established, SantéNet will actively participate in the sessions to establish the action plan for this policy.

Completion Indicator: NNP action plan established

Technical Assistance and/or Resources: SantéNet team

Introduction

In this section we discuss activities that support the achievement of the programmatic activities described above. This includes cross-cutting program management and support not specific to a particular technical focus, but nonetheless critical to the successful implementation of the project.

Project Management Activities

Section A. Monitoring and Evaluation

Monitoring and evaluation of SantéNet's progress toward targets is both a contract requirement and a management tool. This first annual workplan contains some preliminary targets (Annex X) that stem from the planned interventions. Early in year 1 we will refine the targets and develop a system that will allow the project to track progress.

Chemonics will send out a short-term expert in monitoring and evaluation from the home office, Mohammed Khatouri to finalize the indicators and targets and develop an M&E system. Thereafter, SantéNet M&E Specialist, Herivolonona Rabemanantsoa will maintain the system.

Activity A1. Establishing the M&E System

Objective: To establish performance targets for project implementation as well as a means to track progress.

The establishment of the M&E systems entails setting benchmark targets, indicators, data sources, etc.; establishing baselines; and developing a tool for compiling, analyzing, and reporting data. The task order contains indicators (performance measures) under each intermediate result. SantéNet will analyze the proposed year 1 activities to determine realistic targets both for the first year as well as for out years. We will also review the indicators to ensure they are measurable and meaningful, and make any adjustments as appropriate. Most of the baseline information comes from the DHS, however any missing baseline information will be compiled.

When the ST M&E expert is in country we will hold a meeting with USAID and the appropriate GOM representatives to agree upon and adopt the baseline assumptions, targets, data sources, reporting protocols, etc.

The ST M&E expert will develop an automated M&E data compilation and reporting tool (e.g. database) that is appropriate to the types of information to be collected and analyze. The expert will train the M&E Specialist in use of the system, and will also orient the staff to M&E.

Timing: By the end of FY05 Q1 SantéNet will have established the final targets, collected any missing baseline data, developed an M&E tool, and trained staff in its use.

Technical assistance and/or Resources: Chemonics home office M&E Expert will spend approximately 10 days in Madagascar, working with SantéNet M&E Specialist Herivolonona Rabemanantsoa.

Partner: The ST M&E expert and Ms. Herivolonona Rabemanantsoa will confer with other programs (e.g. PMPS, other USAID projects, etc.) to synchronize indicators, confirm data sources, and validate the feasibility of our targets.

Outcomes/Outputs: An M&E system reflecting agreed upon set of targets is in place and staff trained to use it.

Activity A2. *Quarterly Collection and Analysis of Data*

Objective: Once the M&E system is in place, SantéNet will conduct regular data collection and analysis to track progress.

The M&E Specialist will compile the data from the identified sources and input the data into the M&E system. The resulting report will be analyzed by SantéNet senior management and shared with USAID and key partners to determine whether any programmatic and/or resource allocation shifts are warranted.

Timing: The data will be compiled and reported on a quarterly based beginning in Q2.

Technical assistance and/or Resources: M&E Specialist, Ms. Herivolonona Rabemanantsoa, will manage the data collection and reporting function. The COP and Directors will be responsible for analysis and follow up recommendations.

Partners: SantéNet will rely on partners to provide data as defined in the M&E plan. SantéNet will also share our M&E reports with partners.

Outcomes/Outputs: Periodic reports evidence on-going monitoring of program performance

Section B. Collaboration and Coordination

Close and regular coordination and collaboration with partners is a fundamental element of SantéNet's mandate. In addition to coordination and collaboration with partners on specific interventions as described in chapter II, SantéNet will take part in a number of cross-cutting coordination efforts.

Activity B1. Secretariat of the Technical Advisory Committee

Objective: As the lead contractor for USAID's SO5 expanded program, SantéNet has been asked by USAID to serve as secretariat for a technical advisory committee that would oversee achievement of the USAID and GOM health objectives as well as coordinate activities among the various health programs.

SantéNet will work with USAID to establish a TAC. We will jointly define membership, purpose and authority, frequency of meetings, etc. USAID will call the first meeting, then SantéNet will be responsible for convening the meetings thereafter. SantéNet will also take minutes and distribute them in a timely manner to TAC members.

Timing: The TAC will be established by the end of Q1. Meetings will take place on a periodic basis to be determined.

Technical assistance and/or Resources: The COP will be responsible for ensuring that the TAC is convened on a regular basis and meets its mandate. The COP will solicit and suggest agenda topics. The Training Administrator, Hantamalala Rakotobearison will be responsible for logistical arrangements for the meetings and for taking and disseminating minutes.

Partners: Members of the TAC will include USAID SO5, MINSANPF, Ministry of Finance and Planning and may include Ministry of Population....

Outcomes/Outputs: Set of guidelines defining the TAC; agendas and minutes of periodic meetings.

Activity B2. Participation in Other USAID Program Workplanning

Objective: In keeping with USAID/Madagascar's integrated approach to development, SantéNet will participate in workplan development for new USAID projects under other SOs.

SantéNet has been invited to participate in the workplanning process for the new USAID SO6 environment programs in fall 2004. In addition SantéNet will be available to join in workplanning for Misonga (SO4) and BAMEX (SO7). Selected SantéNet staff will meet with the implementing partners to identify joint programming opportunities that contribute to mutual objectives.

Timing: SO6 workplanning is scheduled for September/October 2004. We understand that Misonga has a preliminary workplan through the end of September 2004, so we will be available in Q1 to help define the workplan for the period beginning October 1. An award of the BAMEX project is anticipated by the end of August 2004, so SantéNet will expect to provide input in to the workplan for that program also in September and October 2004.

Technical assistance and/or Resources: The COP will be responsible for ensuring that SantéNet is integrated into workplanning for the new USAID projects. SantéNet Regional Coordinators will participate in regional workplanning meetings. Other SantéNet technical staff members will also follow the workplanning processes for programs within their respective areas of expertise (e.g. OD Manager and Specialist to Misonga/SO4; Private Sector Specialist to BAMEX/SO7, etc.)

Partners: This activity will be coordinated with the implementers of the other USAID projects (e.g. SO6: DAI-ERI, IRG-Forestry; SO4: Pact/CRS-Misonga; SO7: Contractor TBD for BAMEX).

Outcomes/Outputs: The result of SantéNet's contribution will be integrated workplans for those programs, and possibly adjustments to SantéNet's workplan to incorporate appropriate multi-sectoral activities that may arise in the process.

Activity B3. *Participation in National Working Group Efforts*

Objective: SantéNet will participate in a number of National Working Groups focused on specific health topics, in accordance with GOM priorities.

SantéNet is currently involved in three national campaigns being planned by the MINSANPF, namely: national FP strategy; measles campaign; and nutrition strategy. SantéNet's contribution to these will include provision of technical assistance and logistics planning/support as agreed upon between SantéNet, USAID, and the GOM for each initiative.

In addition, SantéNet will continue to take part in the HIV/AIDS partners' effort to map program activities.

Timing: The National Family Planning Strategy meeting is scheduled for Q4. The measles campaign is scheduled for September 2004. We anticipate that SantéNet will participate in all national level initiatives during the remainder of Year 1.

Technical assistance and/or Resources: While the COP is responsible for ensuring that SantéNet responds to GOM priorities and integrates into national efforts, individual SantéNet staff members will be assigned to lead SantéNet's contribution to the various initiatives according to the technical expertise needed. Assignments for identified initiatives are: National FP Strategy – Dir of Programs; Measles Campaign – Access Specialist; Nutrition – OD Specialist; HIV-AIDS – HIV/AIDS Specialist.

Partners: SantéNet's partners will include the GOM entities associated with the national level activities (e.g. MINSANFP, MINPOP, etc.) as well as other implementing players (e.g. PSI; SEECALINE, etc.)

Outcomes/Outputs: SantéNet resources contribute to achievement of national priority activities

Activity B4. *Coordination Meetings with Partners*

Objective: Partners have been integrally involved in the development of this first annual workplan. Our continued collaboration is crucial to achieving workplan targets. Consequently, SantéNet will meet on a periodic basis with implementation partners to evaluate the effectiveness of our collaboration.

SantéNet will hold partners' meetings to assess progress toward targets (using the M&E data described in section A2 above) and to evaluate our collaboration. The meetings will surface lessons learned, identify ways to improve collaboration, and revise joint workplans to incorporate updated implementation assumptions.

Timing: At least one partners' coordination meeting will be convened at the end of Quarter 2. Meetings could also be held at the end of Q 1 and 3 as needed.

Technical assistance and/or Resources: The COP and IR team leaders will be responsible for tracking the contribution of the implementing partners in accordance to workplan

commitments and for identifying and resolving any difficulties. The Training Administrator, Antalamalala Rakotebearison will be responsible for logistical support for the meetings.

Partners: Partners involved in these meetings will be those key players on whose collaboration SantéNet relies for the achievement of project targets (e.g. PSI, CARE, etc.)

Outcomes/Outputs: Improved coordination and implementation with partners; joint workplans and/or MOUs are revised to reflect increased understanding of collaboration.

Activity B5. Regional Planning Workshops

Objective : Share and disseminate SantéNet's Work Plan to partners and local stakeholders ; engage national and local actors in the process of identifying zones of intervention.

SantéNet's Annual Work Plan has been established through a participative approach. In order to continue fostering partnership and participation, a workshop to disseminate the work plan will be organized in each province. This way, national actors, and more particularly MinSan/PF central level decision-makers, and local actors and stakeholders will be able to participate and together decide on several operational points. During the preparation phase and the actual workshops, it will be possible to share MinSan/PF's central personnel's perspectives, identify intervention zones for the activities that respond to local needs, and pre-establish selection criteria.

Timing: The preparation phase will start in September, and the regional workshops will be held in October-November 2004 (after the measles campaign).

Technical assistance and/or Resources: National Facilitator

Outcomes/Outputs: The Work Plan has been disseminated, intervention zones have been identified, and partners have bought into common activities.

Section C. Project Communications and Reporting

In this section we describe activities that SantéNet will undertake to communicate project activities. This includes periodic reports to USAID which are required deliverables under the task order.

Activity C1 *Project Communications Strategy*

The communications strategy is distinct from community mobilization, which is a key component of IRI that will be addressed by SantéNet's BCC and IEC activities.

Objective: SantéNet will develop a communications strategy that will guide the project's image.

Through our program implementation and over the life of the project, SantéNet will seek to create an identity that will be synonymous with improving the public sector health system in Madagascar. In year 1 we will design a preliminary project communications strategy that will guide presentation of the project in various communications outlets (reports, presentations, etc.). A first task will be to design a logo, letterhead, business cards, templates, etc. to present a consistent, professional, and recognizable identity.

A home office communications advisor will travel to Madagascar to work with the team on its vision of SantéNet's communications strategy. We will analyze SanteNet's various clients and audiences, their information needs from the project, potential communications tools and venues, etc. The communications advisor will train the SantéNet communications specialist, Holisoa Rasamoelina, in Chemonics' standards, tools, and practices for project communications and he will orient the SantéNet staff on the importance of quality communications presentation and identifying and articulating success stories.

The COP and SantéNet communications specialist will work closely with USAID and the MINSANPF in the elaboration and roll out of the project communications strategy. Our goal will be to have the ministry take ownership of the SantéNet "brand" as it will be jointly designed.

Timing: Preliminary communications strategy developed by Q1.

Technical assistance and/or Resources: Working under the direction of the COP, home office communications advisor will work with the SantéNet communications specialist Holisoa Rasamoelina on the development of a preliminary strategy. On-going adherence of project materials to the specified presentation standards will be overseen by Ms. Rasamoelina.

Partners: We will seek to integrate SanteNet partners into the conceptualization of the project "identify" to foster buy in and ownership of the program.

Outcomes/Outputs: Preliminary project communications strategy and materials/tools.

Activity C2. *SantéNet Website*

Objective: Develop a website for the SantéNet project.

With USAID and the MINSANPF, SantéNet will conceptualize the website's purpose, audience, content, etc. and hire a web developer to create the web site.

Timing: The conceptualization of the website will occur in Q2, with development and roll out of the website taking place by the end of Q3. Thereafter the website will be maintained and updated on a regular basis.

Technical assistance and/or Resources: The content related portion of this activity will be managed by the Communications Specialist, Holisoa Rasamoelina. She will work with the IT Network Manager Fidy Rajaonah-Ratsimisetra and an outside consultant developer on the technical implementation of the website plan. The Chemonics home office IT/Business Solutions Department is also available to provide technical assistance.

Partners: SantéNet will confer with USAID and the GOM regarding whether or not the site should be hosted by the GOM. We will also explore creating links to other partners' and programs' websites.

Outcomes/Outputs: A functioning website that provide information about SantéNet and GOM health activities, as well as other resource materials.

Activity C3. *Semi-Annual Progress Report and Annual Report*

Objective: To record and report progress to USAID to meet task order requirements that SantéNet submit a semi-annual progress report (the second of which is an Annual Report).

SantéNet will prepare a semi-annual and annual report to record major activities undertaken during the reporting periods. The reports will conform to the content criteria specified in the task order.

Timing: The semi-annual report will be submitted at the end of Q2, and the annual report will be submitted at the end of Q4.

Technical assistance and/or Resources: While all team members are expected to contribute content to the reports under the direction of the COP, the Communications Specialist will be responsible for compiling and finalizing the report with assistance from a home office and/or outside editor.

Partners: Partners will not be expected to directly contribute to the report, but SantéNet will make copies available to partners.

Outcomes/Outputs: Semi-Annual and Annual Reports.

Activity C4. *Monthly Financial Reports*

Objective: To report project financial status to USAID and to meet task order requirements that SantéNet submit monthly financial reports.

The invoices that Chemonics will submit to USAID on a monthly basis will provide the required information and serve as the monthly financial report. The invoice/report will consolidate all costs—field office, home office, and subcontractor expenses.

Timing: Submitted monthly.

Technical assistance and/or Resources: The Accountant and Director of Finance/Administration will provide input regarding locally incurred expenses. The home office and subcontractor expenses will be consolidated by the home office accounting department and reviewed by the Project Administrator and COP for accuracy prior to submission.

Outcomes/Outputs: Monthly Financial Reports.

Section D. SantéNet Fund

The SantéNet project includes a special activity fund from which to award grants and/or subcontractors to Malagasy organizations for purposes of achieving SantéNet's objectives. In year 1 we will finalize the program design and begin making and overseeing awards.

Activity D1 *Conception and initiation of SantéNet Fund*

Objective: To design and implement the SantéNet Fund program to supports project goals

While she was in Madagascar for the start up and workplan development, Chemonics home office senior manager Jennifer Baker compiled preliminary draft materials for the SantéNet Fund program. Completion of the program design was suspended to take into account priorities and potential interventions that would flow from this workplan.

Upon finalization of this workplan, Ms. Baker will refine the draft materials to reflect planned programmatic foci. Once the SantéNet Fund program design and materials is approved by USAID, we will begin soliciting and awarding grants/subcontracts, and we will conduct implementation oversight of awards.

Timing: Materials finalized and approved by USAID in early Q1; first funding awards made by end of Q2; oversight and additional awards will be on an on-going basis.

Technical assistance and/or Resources: Home office senior manager Jennifer Baker will draft the materials. The COP and Program and Technical Directors will assist in the conceptualization of the programmatic parameters and objectives. The Grants Manager will be responsible for coordination of the Fund program under the supervision of the Direction of Finance & Administration.

Partners: We will also confer with other small grant program (e.g. Misonga, PMPS, etc.) to synchronize approaches as appropriate, and to incorporate lessons learned and best practices in grant management in Madagascar.

Outcomes/Outputs: SantéNet Fund program design and materials.

Section E. Training Management

While specific programmatic training interventions comprising the technical work plan are described under chapter II, in this section we describe the cross-cutting management elements of implementing training within USAID participant training regulations.

Activity E1. Project Training Plan

Objective: To develop a plan for training to take place under SantéNet in year 1.

Upon finalization of the 1st annual workplan, SantéNet will formulate the anticipated training into a plan to share with USAID/Madagascar for their mission training management purposes.

Timing: Q1

Technical assistance and/or Resources: The Training Administrator, Hantamalala Rakotobearison will compile the information into the format requested by USAID. The information will also be vetting with Chemonics home office International Training Department staff to ensure that adequate resources are assigned to manage the planned training.

Outcomes/Outputs: First year training plan for SantéNet.

Activity E2. TraiNet

Objective: To comply with USAID requirements regarding collecting and reporting training data.

SantéNet will obtain the TraiNet software from USAID. USAID will train the SantéNet Training Administrator on use of the software and the missions' reporting requirements. The SantéNet training plan will be input into TraiNet and as training programs are implemented the training administrator will input information regarding the program and participants. The home office International Training department will maintain a synchronized copy of the database for any off-shore training.

Timing: Establishment of the SantéNet TraiNet database and training of the Training Administrator by end of Q2. Thereafter regular and continual input of reporting of data.

Technical assistance and/or Resources: SantéNet Training Administrator and home office International Education and Training department staff.

Outcomes/Outputs: TraiNet database in place and maintained; reports submitted on required periodic basis.

Section F. Administration and Operations

SanteNet has a team of professional and support staff members who are assigned to provide administrative and logistical support to the project operations. These staff members have been involved in development of this workplan, and they will continue to be integrated into programmatic implementation so that their support functions are executed within an informed context of SantéNet's objectives. In this section we acknowledge the important activities that will go into managing the administrative and financial elements of the SantéNet project in year 1.

Activity F1. Personnel Management

Objective: To ensure project staff are integrated into the team and have the resources and environment for optimal performance.

Personnel management is an on-going activity that includes assessing the adequacy of staffing levels as well as monitoring staff performance and helping staff grow. We are seeking to immediately fill the remaining identified vacancies on the staff (i.e. Accountant, In-Service Training Advisor). After the workplan is finalized we will review our staffing requirements to see if the planned activities necessitate any shifting of staff resources or additional staff.

We have refined job descriptions and will develop a performance appraisal system that allows staff to receive periodic feedback regarding their work against the job description. We will also develop a staff training program.

Timing: Complete staffing by end of Q1. Staff training program and performance appraisal system developed and in place by end of Q2.

Technical assistance and/or Resources: The COP and Directors will assess the adequacy of the staffing under their areas and identify training needs among the staff. The Director of Finance and Administration will be responsible for finalizing the evaluation system and staff training program parameters.

Outcomes/Outputs: Project adequately resourced, performance appraisal system and staff training/professional development.

Activity F2. Financial Management

Objective: To record and assign costs accurately and to monitor the budget

The Chemonics home office field accountant will travel to Madagascar to set up the SantéNet field office accounting database (QuickBooks), including training the accounting and bookkeeper. Thereafter the finance team will handle all field related financial management activities, including managing cash flow, recording and reporting expenses to the home office on a monthly basis, etc. All staff will be oriented to the CLIN nature of the SantéNet budget, and how to allocate costs to the appropriate CLIN. The home office project administrator will monitor the overall task order budget and obligation funding level.

Timing: Field Accountant assignment early in Q1. Accounting and budget monitoring on a monthly basis.

Technical assistance and/or Resources: The Accountant and Bookkeeper make payments and account for field office expenditures under the supervision of the Director of Finance and Administration. The administrative assistants in the regional offices manage petty cash accounts and report regional expenses to the Tana-based Accountant. The home office project administrator reviews and approves local expenditures and final invoices, and monitors the budget.

Outcomes/Outputs: Accounting system and budget monitor tool set up and maintained.

Activity F3. Procurement and Property Management

Objective: To procure and manage project equipment for operational implementation

As of this workplan, Chemonics has ordered all major project commodities (furniture, equipment, etc.) anticipated in the budget, and we are awaiting imminent delivery of computer equipment and vehicles. We will work with USAID on customs clearance. SantéNet will establish and maintain a property management and inventory system, and submit the required annual report to USAID on non-expendable project equipment.

Under this category of activities we also include IT network systems maintenance. Network Manager Fidy Rajaonah-Ratsimisetra will complete the establishment of the computer networking within the SantéNet office once the equipment has all been delivered.

Timing: Property management system in place end of Q1, annual non-expendable property report submitted to USAID, end of Q4.

Technical assistance and/or Resources: Logistics specialist

Outcomes/Outputs: Property management system in place and annual report submitted.

Activity F4. Home Office Project Management

Objective: To provide support to field operations and ensure quality implementation of the project.

Chemonics home office will undertake project management and backstopping support activities in accordance with corporate policies and procedures. These include subcontracts management, personnel management of the expatriate staff, recruitment and fielding of short-term consultants, and other quality assurance functions. Chemonics will also provide technical input from home office resources across sectors as planned, drawing upon home office expertise in agriculture, NRM, water management, etc.

We will take advantage of Chief of party Philippe LeMay's presence in the home office during Q1 to fully orient him to Chemonics project management resources and expectations, and when he assumes his long-term assignment in Madagascar on November 1, Chemonics home office will issue a delegation of authority.

Senior manager Jennifer Baker will undertake one supervisory trip to the field during the course of the year (approximately 2 weeks in duration) to confer with the team, USAID, and other stakeholders. In addition project administrator Nathalie Albrow will take one coordination visit to the field office to coordinate with the Director of Finance and Administration and COP on contractual and financial management.

Timing: The senior manager supervisory trip to the field may take place in conjunction with a mid-year review of the project (end of Q2). The project administrator's coordination visit is planned to take place in Q3.

Technical assistance and/or Resources: The Chemonics home office project management team consists of senior manager Jennifer Baker, project administrator Nathalie Albrow, and assistant project administrator Bethany Slingerland. Technical resources are also available in a wide range of sector areas and within Chemonics many support departments.

Outcomes/Outputs: Support to field operations; delegation of authority to COP; field supervisory and coordination visits.

Chapter IV.

AWP Budget October 1, 2004 – September 30, 2005

Line Item	CLIN 1	CLIN 2	CLIN 3	CLIN 4	CLIN 5	TOTAL
I Salaries	\$133,372	\$152,073	\$88,121	\$84,381	\$108,800	\$566,747
II Fringe Benefits	\$46,161	\$ 52,389	\$31,075	\$25,878	\$36,723	\$192,226
III Overhead	\$ 100,594	\$116,359	\$66,309	\$60,817	\$81,154	\$425,233
IV Travel and Transportation	\$21,204	\$23,045	\$20,017	\$13,615	\$19,972	\$ 97,853
V Allowances	\$43,506	\$46,311	\$35,832	\$26,078	\$38,697	\$ 190,424
VI Other Direct Cost	\$ 77,067	\$83,684	\$71,854	\$49,427	\$72,289	\$354,321
VII Equipment, Vehicles & Freight	\$64,676	\$70,292	\$61,055	\$41,528	\$60,920	\$298,471
VIII Training	\$83,561	\$66,565	\$28,914	\$23,423	\$50,890	\$253,353
IX Subcontracts						\$ --
A. JHPIEGO	\$14,263	\$14,263	\$193,807	\$99,840	\$97,323	\$419,496
B. HKI	\$18,302	\$18,302	\$ 18,857	\$ --	\$ --	\$55,461
C. TRG	\$21,244	\$42,487	\$21,244	\$42,487	\$14,162	\$141,624
D. Georgetown Univ.	\$51,821	\$51,821	\$ --	\$ --	\$ --	\$ 103,642
E. MCDI	\$ --	\$131,672	\$ --	\$ --	\$ --	\$131,672
Subtotal, Items I - IX	\$ 675,771	\$869,263	\$ 637,085	\$467,474	\$580,930	\$ 3,230,523
X SantéNet Fund	\$137,007	\$124,652	\$79,368	\$57,741	\$101,232	\$500,000
XI G&A	\$32,511	\$39,757	\$28,658	\$21,009	\$27,286	\$149,221
Subtotal, Items I - XI	\$845,289	\$1,033,672	\$745,111	\$546,224	\$709,448	\$3,879,744
XII Fixed fee	\$50,421	\$61,659	\$44,446	\$32,582	\$ 42,319	\$231,427
GRAND TOTAL	\$895,711	\$1,095,330	\$789,557	\$578,806	\$751,767	\$4,111,171

LEGEND

BCC - Community Mobilization Specialist
CGM - Subsidy Administrator
COMM - Communication Specialist
COP - Project Director
DP - Program Director
F&A - Director of Finance & Administration
HIV - HIV/AIDS Specialist
HO - Chemonics International Head Office
HS-A - Specialist in Access to Health Care Services
HS-L - Specialist in Health Logistics Administration System

JHP - JHPIEGO
INS - In-service Training Specialist
M&E - Monitoring & Evaluation Specialist
OD - Organizational Development Specialist
ODM - Organizational Development Manager
PRES - Pre-service Training Specialist
PS - Private Sector Specialist
RHPM - Regional Programs Coordinator
SM -Chemonics International Head Office Senior Manager

TC - Clinical and Technical Programs Director
TRAIN - Training Manager

Activities	Q1			Q2			Q3			Q4			SantéNet Responsible Party	Key Partners	Results / Benchmarks
	O	N	D	J	F	M	A	M	J	J	A	S			
IR 1 – Increase the demand for selected health products and services															
Key Partners: Min Heal/FP, MCDI, VS, PSI, CARE, ADRA, CRS, ES/NCFAA, Linkages, WASH, JSI/RTI															
IR1.1 Improve community mobilization for selected health products and services															
1.1.1 Revitalize the IEC Task Force													BCC	CMPD (MiHealFP), MinComm	CB 10-23
1.1.2 Analyze data and determine the communication needs (IEC/BCC) in the field of health													BCC	CMPD (MiHealFP), MinComm	CB 23
1.1.3 Develop a permanent BCC strategy relative to health needs													BCC	CMPD (MiHealFP), MinComm	CB 23
1.1.4 Develop and/or update IEC/BCC materials and messages relative to health needs													COMM	CMPD (MiHealFP), MinComm	CB 10-23
1.1.5 Support the implementation of the BCC strategy for health													BCC	CMPD (MiHealFP), MinComm	CB 1-2-3-4-5-6-7-10-14-17-23
1.1.6 Expand community models													RHPM	Voahary Salama, MCDI	CB 8-9
1.1.7 Integrate the monitoring/evaluation component of the IEC/BCC and community mobilization activities into SantéNet's overall monitoring/evaluation plan													M&E	CMPD (MiHealFP), USAID partners, ES/NCFAA, JSI/RTI	CB 20-27
1.1.8 Participate in ad hoc activities identified by the Government of Madagascar and USAID in the health field													COMM	CMPD (MinHealFP)	CB 1-2-3-4-5-6-7-10-17-18
1.1.9 Contribute to celebrating "Breast-feeding Week"													COMM	CMPD, Nutrition Department	CB 3-17
1.1.10 Support mass vaccination campaigns and the national Vitamin A supplementation strategy													COMM	CMPD, Nutrition Department, Vaccination Service	CB 2-4-10
IR 1.2 Involve private sector in promoting selected health services and products															
1.2.1 Identify the principal parties in the private sector with an interest in health or that are potential vehicles for disseminating health messages													BCC	CMPD, IEHCA, AMIT	CB 11
1.2.2 Strengthen the IEC/BCC capacity of the private sector													BCC	CMPD, IEHCA, AMIT	CB 11

[illegible]

Activities		Q1			Q2			Q3			Q4			SantéNet Responsible Party	Key Partners	Results / Benchmarks
		O	N	D	J	F	M	A	M	J	J	A	S			
2.1.3.1.	Participate in work meetings with the partners													HS-L	PSI	CB5-CB6
2.1.3.2.	Organize 1 two-day workshop to establish an action plan													HS-L	PSI	CB5-CB6
2.1.3.3.	Support the execution of the action plan in the 4 SantéNet intervention provinces													HS-L	PSI	CB5-CB6
2.1.4	Support the health districts and NGOs in the areas selected for organizing advanced strategy operations (the "children's health week" type) including Vitamin A supplementation, promotion of ITN (Insecticide-treated Netting) and other interventions															
2.1.4.1.	Provide financial and technical support for 1 health week per province two times per year													HS-A	DPSPF	CB 2, 4, 15, 16
2.1.5	Provide technical assistance to the Agence du Médicament															
2.1.5.1	Hire an international consultant to design a quality assurance tool for medication													DP	MAA	CB1-CB12
2.1.6	Assess training and supervision needs on all levels of the public distribution chain															
2.1.6.1.	Participate in work meetings with the partners and document the needs													HS-L	CARE, CRS	CB1-CB12
2.1.7	Conduct activities to support members of the distribution chain (DHO, DGP, CP)															
2.1.7.1.	Participate in establishing curricula and organize a two-day workshop for validation													HS-L	CARE, CRS, PSI, MCDI	CB1-CB12
2.1.7.2.	Organize 4 regional training workshops for DGP providers													HS-L	CARE, CRS, PSI, MCDI	CB1-CB12
2.1.7.3.	Provide financial support for 2 CP provider trainings per province (2 days each)													HS-L	CARE, CRS, PSI, MCDI	CB1-CB12
2.1.7.4.	Participate in formative monitoring relative to logistics and the distribution chain													HS-L	CARE, CRS	CB1-CB12
2.1.8	Participate in consolidating knowledge of health system financing															
2.1.8.1.	Organize 4 regional workshops and 1 national workshop to consolidate knowledge of health system financing													HS-A	MCDI	CB15-CB24
2.1.8.2.	Document the process and prepare the report on the collaboration workshops with the Min Heal/FP													HS-A	MCDI	CB15-CB24
2.1.9	Optimize the 2004 HIAKA measles prevention/Vitamin A campaign and introduce the partnership on the local level															
2.1.10.1.	Provide financial support for field activities													HS-A	SDV	CB13
2.1.10	Maintain and optimize USAID's contribution to coordinating the routine EVP															
2.1.11.1	Participate in IACC meetings													HS-A	SDV	CB2 -CB13- CB27

[illegible]

Activities			Q1			Q2			Q3			Q4			SantéNet Responsible Party	Key Partners	Results / Benchmarks
			O	N	D	J	F	M	A	M	J	J	A	S			
2.2.4.1.	Conduct a mission to evaluate the social marketing product needs in the 5 large cities													SP	PSI	CB5-CB6-CB7-CB11	
2.2.4.2.	Organize 2 regional workshops to validate action plans to improve the availability and accessibility of social marketing products with the IEHCA													SP	PSI	CB5-CB6-CB7-CB11	
2.2.5 Establish a plan of action for implementing a social marketing program in companies (workplace initiatives)																	
2.2.5.1.	Hire a national consultant to meet company leaders and take an inventory													SP	PSI	CB5-CB6-CB7-CB11	
2.2.5.2.	Organize 1 two-day workshop to share the results of the inventory and establish an action plan													SP	PSI	CB5-CB6-CB7-CB11	
IR 2.3 Increase the availability of selected services for underserved populations																	
2.3.1 Identify enclave areas based on the health card																	
2.3.1.1.	Conduct 8 field missions to define the criteria for enclaves with provincial and regional leaders													HS-A	MHTCU	CB15-CB16	
2.3.1.2.	Hire a national consultant to perform the health card update													HS-A	MHTCU	CB15-CB16	
2.3.2 Establish a joint plan of action for the pilot areas																	
2.3.2.1	Organize 4 regional action plan workshops													HS-A	MHTCU	CB15-CB16	
2.3.2.2	Provide financial support for 2 pilot areas per province													HS-A	MHTCU	CB15-CB16	
2.3.2.3	Perform periodic monitoring of the field activities													HS-A	MHTCU	CB15-CB16	
2.3.3 Perform a cost effectiveness study of MHT interventions																	
2.3.3.1	Hire a national consultant to perform the cost-effectiveness study													HS-A	MHTCU	CB15-CB16	
2.3.3.2	Organize 2 validation and diagnostic workshops																
2.3.4 Support the MHTs in terms of performance and implementation of activities																	
2.3.4.1	Participate in planning the MHT intervention													HS-A	MHTCU	CB15-CB16	
2.3.4.2	Provide financial support for the field awareness activities of the NGOs and associations in 2 pilot areas per province													HS-A	MHTCU	CB15-CB16	
2.3.4.3	Hire a national consultant to document innovative strategies													HS-A	MHTCU	CB15-CB16	
2.3.4.4	Organize a two-day workshop to share the results													HS-A	MHTCU	CB15-CB16	

[illegible]

Activities		Q1			Q2			Q3			Q4			SantéNet Responsible Party	Key Partners	Results / Benchmarks
		O	N	D	J	F	M	A	M	J	J	A	S			
2.5.4.1	Hire a national consultant to document the technical feasibility of the pre-positioning strategy													HS-L	CNS	CB16-CB 18
2.5.4.2	Organize a national two-day workshop to establish the strategy													HS-L	CNS	CB16-CB 18
IR 2.6 Increase the availability of STI treatment products and services																
2.6.1	Support the update and execution of Condom Programming															
2.6.1.1	Hire an international consultant to establish a plan to distribute condoms through various channels													HS-L	ES NCFAA	CB5; CB11; CB12
2.6.1.2	Organize a national two-day workshop for consensus and validation													HS-L	ES NCFAA	CB5; CB11; CB12
IR 3 – Improve the quality of priority health services																
Key Partners: MinHealFP, School of Medicine, NIPCH, PTI, ES/NCFAA, MAC, CARE, CRS, Linkages, FISA, SALFA, MDM, United Nations agencies and EU																
Common Components																
3.0.1	Translate the educational material on Infection Prevention (IP); educational training resources (ERP) on supervision skills; effective teaching skills and review and															
3.0.1.1	Translate the educational materials on Infection Prevention (IP);													JHP		CB 20
3.0.1.2	Translate the educational training resources (ERP) on Supervision Skills, Effective Teaching Skills													JHP		CB 20
3.0.1.3	Review and finalize the educational materials on Performance and Quality Improvement (PQI), STI 1-4 & HIV													JHP		CB 20
3.0.2	Make three-day contact visits and familiarization tours in each of the 4 SantéNet provinces													IR3	PTI, MAC, UHC/SCH.MED., Training site leaders	CB 20
IR 3.1: Strengthen/improve the “Policies, Standards and Protocols” (PSP) of the public and private sector health services																
3.1.1	Collect documents on the PSPs available on the national level													JHP/TC	Minheal/FP, PTI, Sch.NIPCH, Min Justice, Mayor's Office, Linkages,	CB 20
3.1.2	Identify/strengthen the working group on national PSPs													JHP/TC	Misonga, ASNGO, FISA, Med, WHO, UNICEF, UNFPA	CB 20
3.1.3	Establish directives to facilitate revision of the PSPs													JHP/TC	MinHeal/FP, groups of experts	CB 20
3.1.4	Hold a meeting to establish a national strategy for planning PSP revision activities during which the directives will be discussed													JHP/TC	Minheal/FP, PTI, Sch.NIPCH, Min Justice, Mayor's Office, Linkages, Misonga, ASNGO, FISA, Med, WHO, UNICEF, UNFPA	CB19, CB20
3.1.5	Compile, review and analyze the preliminary feedback on the PSPs													IR3	MinHeal/FP, groups of experts	CB19, CB20
3.1.6	Conduct a five-day national workshop, 3 days of which for the technical update on the PSPs and 2 to discuss the division of responsibilities for the formal revision of													TC	MinHeal/FP	CB20

[illegible]

[illegible]

Activities	Q1			Q2			Q3			Q4			SantéNet Responsible Party	Key Partners	Results / Benchmarks
	O	N	D	J	F	M	A	M	J	J	A	S			
IR 4.1 Improve the collection and use of data for decision making													OD/ODM	MinHeal/FP (SSSa), MISONGA, NIS, Linkages	
4.1.1 Diagnose the current health information system															cb26, 27
4.1.2 Revitalize the information system through 4 pilot sites (1 site per province)															cb26, 27
4.1.3 Update the PROFILES analysis															cb26, 27
IR 4.2 Expand access to health information													OD/ODM	MinHeal/FP (SSSa), Voahary Salama Consortium, NIS	
4.2.1 Support the dissemination of the DHS results															cb26, 27
4.2.2 Support the dissemination of information through partners and donors															cb26, 27
4.2.3 Evaluate the sources of health information															cb26, 27
IR 4.3 Improve NGOs' capacity to implement health programs													OD/ODM	MinHeal/FP, MISONGA, HIV/Alliance, CARE, MCDI, VS, WHO	
4.3.1 Harmonize the approaches and tools to be used with the partners															cb28
4.3.2 Select NGOs for institutional, financial and technical support															cb28
4.3.3 Monitor and evaluate the activities of the NGOs supported															cb28
4.3.4 Support the Min Heal/FP in establishing a national policy on hiring and the action plan relative to this policy															cb28
IR 4.4 Strengthen civil society's capacity to advocate for public health issues													OD/ODM	MISONGA, NCFAA, PCFA, LCFA	
4.4.1 Ensure that civil society is able to plea in favor of health in the 4 intervention provinces															cb29
IR 4.5 Improve the capacity of NGOs and authorities to use information													OD/ODM	NCFAA, DAS [President's Office of Social Affairs], HIV/Alliance, JSI, United	
4.5.1 Contribute to conducting the national forum on HIV/AIDS															cb28
IR 4.6 Support the implementation and reinforcement of new structures to coordinate and implement the national nutrition policy (NNP)													OD/ODM	MinHealFP(SDN), NCN, NNO, member of the GAIN	
4.6.1 Support the development of the NNP action plan and terms of reference of the National Council on Nutrition (NCN) and the National Nutrition Office (NNO)															cb3, 4
Program Management															
A. Monitoring and Evaluation															
A1 Establishing the M&E System													M&E	USAID Partners	

Activities		Q1			Q2			Q3			Q4			SantéNet Responsible Party	Key Partners	Results / Benchmarks
		O	N	D	J	F	M	A	M	J	J	A	S			
A2	Quarterly Collection and Analysis of Data													M&E	USAID Partners	
B. Collaboration and Coordination																
B1	Secretariat of the Technical Advisory Committee													COP	MinHeal/FP, USAID	
B2	Participation in Other USAID Program Workplanning													SantéNet Team	Other USAID Projects	
B3	Participation in National Working Group Efforts													SantéNet Team	MinHeal/FP	
B4	Coordination Meetings with Partners													COP	MinHeal/FP, USAID Partners	
B5	Regional Planning Workshops													DP	MinHeal/FP	
C. Project Communications and Reporting																
C1	Project Communications Strategy													COMM	USAID, MinHeal/FP	
C2	SantéNet Website													COMM	USAID, MinHeal/FP	
C3	Semi-Annual Progress Report and Annual Report													COMM		
C4	Monthly Financial Reports													F&A		
D. SantéNet Fund																
D1	Design and Implementation of the SantéNet Fund													SM/CGM	MISONGA, MAPP	
E. Training Management																
E1	Project Training Plan													TRAIN/HO		
E2	TraiNet													HO		
F. Administration and Operations																
F1	Personnel Management													COP		
F2	Financial Management													F&A		
F3	Procurement and Property Management													F&A		
F4	Home Office Project Management													HO		

- List of Consultants
- List of Trainings
- Process to Establish the AWP

Vii. List of Consultants

IR 1: Increase demand for priority health products and services		
1.1.2	Analyze data and determine communication needs (IEC/BCC) in the area of health.	National (2)
1.1.4	Develop and/or update (IEC/BCC) media and messages relative to the health needs.	Provider
1.1.5	Support the implementation of the health BCC strategy.	International
1.1.7	Integrate the monitoring/evaluation component of the IEC/BCC activities and community mobilization into the global SantéNet monitoring/evaluation plan.	International (Chemonics)
1.1.9	Contribute to the "Breastfeeding Week" celebration.	International (HKI)
1.1.10	Support the mass vaccination campaigns and the national Vitamin A supplementation strategy.	International (HKI)
1.2.2	Reinforce the IEC/BCC skills of the private sector.	National
1.3.3	Expand community health financing models in vulnerable areas of biodiversity.	National (MCDI)
IR 2: Increase the availability of priority health products and services		
2.1.4	Support the health districts and NGOs in the areas selected for organizing advanced strategy operations.	International (HKI)
2.1.5	Provide technical assistance to the Medication Agency [l'Agence du Médicament].	International
2.1.8	Participate in consolidating knowledge of cost recovery.	National (MCDI)
2.1.13	Support the Min Heal/FP in its medium-term strategy to ensure Vitamin A supplementation of children age 6-59 months.	International (HKI)
2.2.5	Establish a plan of action to implement a social marketing program in companies (workplace initiatives).	National & International
2.3.3.	Perform a study on the cost effectiveness of MHT interventions.	National (MCDI)
2.3.4	Support the MHT in terms of service and implementation of activities.	National
2.3.6	Identify the obstacles to and opportunities for placing physicians in rural areas.	International (MCDI)
2.4.1	Identify the priority areas.	International
2.4.2	Analyze existing agricultural practices relative to nutritional value.	International (HKI)
2.4.3	Establish a limited number of agricultural/horticultural micro projects to improve nutrition.	International (HKI)
2.5.4	Participate in establishing a strategy to place pre-positioned kits in areas at risk for natural disasters.	National
2.6.1	Support the update and execution of Condom Programming.	International

IR 3: Improve the quality of priority health services

3.1.3	Establish directives for facilitating the revision of the PSPs.	International (JHPIEGO)
3.1.4	Convene a meeting to establish a national strategy for planning PSP revision activities during which directives will be discussed.	International (JHPIEGO)
3.1.5	Compile, review and analyze preliminary feedback on the PSPs.	International (JHPIEGO)
3.1.6	Conduct a national five-day workshop, 3 days of which for the technical update on the PSPs and 2 days to discuss the division of responsibilities for the formal review of the PSPs.	International (JHPIEGO)
3.1.9	Perform operational research on the use of zinc in handling diarrhea.	International (HKI)
3.2.1	Perform a three-day rapid evaluation on infection prevention (IP) at 4 model sites for the prevention of malaria during pregnancy (MDP).	International (MAC)
3.2.2	Conduct IP training for twelve potential trainers and 8 training supervisors in Tamatave.	International (JHPIEGO & MAC)
3.2.3	Conduct training on clinical training skills (CTS) for 12 potential trainers.	International (JHPIEGO)
3.2.4	Twelve applicant trainers will perform 4 six-day IP training activities for 44 service providers and twenty trainers previously trained in malaria during pregnancy (MDP).	International (MAC)
3.2.5	Train 12 trainers qualified in CTS, MDP and CPC.	International (MAC)
3.2.6	Perform visits to monitor officers trained in IP at the 4 CPC/IP/MDP model sites.	International (MAC)
3.2.7	Provide technical support to the STDD team in updating the national training policy.	International (JHPIEGO)
3.2.10	Develop directives to facilitate taking an inventory of the initial training needs.	International (JHPIEGO)
3.2.12	Take an inventory of the needs relative to organization and the content of the study programs in the areas of STI/HIV, FP/RH, SMN, malaria, CCHC, vaccination, nutrition and WASH and the capacities of the training institutions.	National (6 experts)
3.2.13	Provide CD-ROMs and other self-teaching educational materials to the Internet cafés associated with initial training institutions.	International (JHPIEGO)
3.3.1	Conduct an orientation in Tana on the Performance and Quality Improvement (PQI) process and on the supervision system for Min Heal/FP leaders, the SantéNet team and experts in quality assurance from the private sector and other partner organizations created.	International (JHPIEGO)
3.3.2	Train a core of central and provincial-level facilitators on the PQI approach.	International (JHPIEGO)
3.3.3	Hold an orientation meeting in the Tamatave province on the PQI process and supervision.	International (JHPIEGO)
3.3.4	Conduct a workshop on Performance and Quality Improvement to determine the desired IP, CPC and MDP performance at the 4 MDP model sites.	International (JHPIEGO)
3.3.7	Train training supervisors and other service providers from the 10 training sites.	International (JHPIEGO)
3.3.8	Conduct a PQI workshop to determine the desired performance standards for family planning, sexually transmitted infections and HIV (FP/STI/HIV) at the training sites.	International (JHPIEGO)

3.3.9	Describe the actual performance and gaps in FP/STI/HIV at the 2 sites for the demonstration with the support of JHPIEGO.	International (JHPIEGO)
3.3.10	Conduct a workshop to analyze the primary causes and identify the interventions necessary to overcome the gaps between the demonstration performance and actual performance at 2 sites for the demonstration with the support of JHPIEGO.	International (JHPIEGO)
3.3.12	Support the dissemination of and orientation on fact sheets of the 6 contacts and self-teaching modules on nutrition and monitoring of officers.	International (HKI)
IR 4 – Improve the institutional capacity to implement and evaluate programs.		
4.1.3	Update the PROFILES analysis.	International (HKI)
4.2.3	Evaluate sources of health information.	National
4.3.1	Harmonize the approaches and tools to be used with the partners.	International (TRG)
4.3.2	Select NGOs for institutional, financial and technical support	International (TRG)
4.3.4.	Help the Min Heal/FP establish the national policy on hiring and the corresponding action plan.	International
4.5.1	Contribute to holding a national forum on HIV/AIDS.	National
Program Management		
	Share and disseminate the SantéNet work plan to the local beneficiaries and partners; involve the national and local-level players in determining the intervention areas.	National
	Work with the SantéNet team on the vision of the SantéNet communication strategy.	International (Chemonics)
	Design a web site for the SantéNet project	External

Vlii. List of Trainings

	ACTIVITIES	No. people planned to train
IR 1: Increase demand for priority health products and services		
1.1.5	Strengthen the skills of public and private sector IEC/BCC directors in managing IEC/BCC programs and communication techniques (4) trainings of 30 participants	120
1.1.6	Training and reinforcing the coordinators' network on the community approach (continuity of their activities) (4) trainings of 30 participants	120
1.1.7	Training and reinforcing partners' skills in monitoring and evaluating IEC/BCC and community mobilization activities. (4) trainings of 25 participants	100
1.2.2.	Training private sector IEC/BCC trainers in the dissemination of IEC/BCC messages and in establishing their action plan (4) trainings of 30 participants	120
IR 2: Increase the availability of priority health products and services.		
2.1.7	Training DGP and CP providers to optimize the function of the medication order/distribution channel (4) trainings of 20 DGP participants and (2) trainings of 15 CP participants	200
2.1.12	Training of managers responsible for the cold chain and maintaining all equipment. (2) training sessions of 10 participants	10
2.2.3	Training identified associations/NGOs on the priority health issues. (4) trainings of 15 participants	60
2.2.3	Training CBDAs to improve the motivation system. (8) training sessions of 15 CBDAs	120
2.3.5	Training and reinforcing the health services capacities of associations/groups. (8) training sessions of 15 participants	120
IR 3: Improving the quality of priority health services.		
3.2.2.	Training of trainers and supervisors on IP in Tamatave. (1) training of 12 trainers (6 provincial; 6 central) and 8 training supervisors	20
3.2.3.	Training of trainers in CTS in Tamatave (1) training of 12 trainers	12
3.2.4.	Training of providers and trainers on IP (4) trainings of 44 providers and 20 MDP trainers on IP	64

3.2.5.	Training of trainers on CTS, MDP and CPC (1) training of 12 participants	12
3.3.2.	Training of trainers on PQI (1) training of 12 participants	12
3.3.7.	Training of training supervisors and providers at 10 selected training sites on IP (1) training of 20 participants	20
IR 4 – Improve the institutional capacity to implement and evaluate programs		
4.1.2	Training of the AS and community leaders on the information system (collection and use of data) (8) trainings for 10 participants	80
4.3.2	Trainings of NGOs selected to improve their institutional, financial and technical capacities. (4) trainings of 10 participants	40
4.4.1	Training civil society in pleas for priority health products and services. (4) trainings of 12 participants	48

Vliiii. Process to Establish the AWP

The activities of the first SantéNet AWP were developed using a participatory approach. An initial meeting made it possible to share the SantéNet terms of reference, approach and priorities with partners. After this meeting, bilateral and multilateral meetings were convened with each partner in which the persons concerned contributed to identifying the priority activities for 2004/2005. A technical planning workshop made it possible to share the preliminary draft of the AWP with the group of partners. This meeting enabled them to jointly define the vision and values of the SantéNet partnership and analyze and enhance the 2004/2005 preliminary draft of the AWP. The project activities presented in this document reflect the vision and values of the partnership. A meeting was then convened to present an AWP proposal. This proposal was then returned or sent back to the various partners in the health sector so that they could analyze the document in detail and share any comments and questions they had with us.

The following table shows the different partners that participated in the various stages and therefore contributed to establishing the SantéNet 2004/2005 AWP.

<i>Date</i>	<i>Stages</i>
28 June	Kickoff workshop
30 June	Participation in the JNS
6 July	SantéNet presentation to the partners
12-30 July	Meetings with the partners
23 July	SantéNet presentation to the leaders in the Min Heal/FP
6 August	SantéNet/Min Heal/FP team building
12-13 August	Technical planning workshop
19 August	Meeting to share the AWP proposal
03 September	Partners' comments returned to SantéNet
15 September	Final AWP submitted to USAID

Institution	SantéNet presentation to the USAID partners	SantéNet and MinHealPF team building	Technical planning workshop	Presentation of the AWP proposal	Written comments
ADRA	✓		✓	✓	
AMIT				✓	
ASNGO			✓	✓	
CARE	✓		✓	✓	✓
CRESAN				✓	
CRS	✓		✓		
ECHO	✓				
School of Medicine			✓		
HIV/Alliance			✓	✓	✓
NIPCH					✓
National Institute of Statistics			✓	✓	
JSI / RTI	✓		✓	✓	✓
Linkages	✓		✓	✓	
MCDI	✓		✓	✓	✓
Médecins du Monde				✓	
MinHealFP - SG			✓	✓	
MinHealFP – Medication Agency Administration			✓	✓	✓
MinHealFP - DGSFLM	✓	✓		✓	✓
MinHealFP - DGADS	✓	✓	✓	✓	
MinHealFP - STIPO		✓	✓	✓	✓
MinHealFP - DSE		✓	✓	✓	✓
MinHealFP - SPCISE		✓	✓	✓	✓
MinHealFP - SSE			✓	✓	✓
MinHealFP - MHTCU		✓		✓	✓
MinHealFP - SDN		✓	✓	✓	
MinHealFP - SPF		✓	✓	✓	
MinHealFP - SMSR		✓	✓		
MinHealFP - SSRA		✓	✓	✓	
MinHealFP - CMPD			✓	✓	
MinHealFP - UHC			✓		
MinHealFP - SSSa			✓	✓	
MinHealFP - SQS			✓	✓	
MinHealFP - DHDO			✓	✓	
MinHealFP - SAGS			✓		
MinHealFP - DEP			✓	✓	
MinHealFP - SHR			✓		
MinHealFP - DMP			✓	✓	
MinHealFP - NIPCH			✓	✓	
MinHealFP - UCIFP			✓	✓	
MinHealFP - STDD			✓	✓	
MinHealFP - SDV			✓	✓	
MinHealFP – Antananarivo PHO				✓	
MinHealFP – Tulear PHO			✓		
MinHealFP – Fianarantsoa PHO			✓		

MinHealFP – Toamasina PHO		✓		
MISONGA		✓	✓	
National Society of Physicians		✓	✓	✓
OSTIE			✓	
Pact	✓		✓	
Policy/Deliver	✓	✓	✓	
Prospect International	✓			
PSI Madagascar	✓	✓	✓	✓
PTE	✓			
SAF-FJKM			✓	✓
SALAMA	✓	✓	✓	✓
SALFA			✓	
ES/NCFAA		✓		✓
UNAIDS				✓
UNC-MAD			✓	✓
UNICEF			✓	
USAID	✓	✓	✓	✓
Voahary Salama	✓	✓	✓	
WWF			✓	